51681 P+2053.

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD Type	DATE 9/13/79 L PSWC AUTHORIZATION NUMBER TRANS DATE ENTERED (Agency Use) (Agency Use) 15 78 79 20
	1 5 8 15 16 17 18 19 20 - MASTE HAULER
16	HAULER REGISTRATION NUMBER 0 2 0 1 NAME WASTE RESEARCH AND RECLAMATION
• /	ADDRESS ROUTE 3 COMMUNITY EAU CLAIRE
	COUNTY EAU CLAIRE STATEW ISCONSINIP 54701 AREA CODE 715 TELEPHONE 834-9624
	GENERATOR MASTE GENERATOR
	CODE G NAME VARIAN/NATIONAL
	ADDRESS KESLINGER ROAD COMMUNITY LA FOX
	ECOUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300
	GENERATOR CONTACT NAMEMARK_PETERSON
	DUNS NUMBER SIC CODE
207	PROCESS NAME SILICON ETCH
• /	WASTE CHARACTERISTICS
	GENERIC WASTE NAME MIXED ACIDS
40	IUPAC WASTE NAME - 50
•	TOTAL ANNUAL WASTE VOLUME 1 2 5 0 0 VOLUME UNITS 2 WASTE PHASE 3
	TRANSPORT FREQUENCY 7 WASTE CLASS 1 = SOLID
	4 (Agency Use) 4 65 , 2 = GALLONS 2 = SEMI-SOLID 1 = ONE TIME 5 = MONTHLY 3 = LIQUID 2 = DAILY 6 = BI-MONTHLY 4 = GAS
•	3 = WEEKLY 7 = QUARTERLY 4 = BI-WEEKLY 8 = SEMI-ANNUALLY
	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):
5 0	INHALATION DERMAL INGESTIVE
<u>5</u> 0	TOXICITY TOXICITY TOXICITY INFECTIOUS REACTIVITY EXPLOSIVE
	FLASH POINT $\frac{104}{27}$ $\frac{6}{30}$ F ALPHA RADIATION $\frac{1}{31}$ $\frac{1}{30}$ $\frac{1}{30}$ (pC1/L) COMPOSITION $\frac{1}{37}$
(FOR	ACETIC ACID COMPONENT) 1 = ORGANIC 2 = INORGANIC
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CARD Type	DATE	L P S M C AUTHORIZATION NUMBER TRANS CODE (Agency Use) WASTE CHARACTERISTICS	15 16 17 18 1 19 20
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9 <u>0</u>	<u>]</u> 21	SITE CODE SITE NAME WES-COM (IDANO)	
		DISPOSAL METHOD 4 / NEUTRALIZATION METHOD 32 33	•
		STATUS START DATE / EXPIRATION DATE / EXPIRATION DATE / / / / /	•
		SIGNATURE SIGNATURE (SITE OWNER)	•
		SITE CODE SITE NAME	
	21	DISPOSAL METHOD NEUTRALIZATION METHOD	
		30 31 32 33 STATUS START DATE	•
		SIGNATURE SIGNATURE	
		(SITE OWNER) (SITE OPERATOR)	
	3	SITE CODE SITE NAME	
		DISPOSAL METHOD NEUTRALIZATION METHOD 30 31 32 33	
		STATUS START DATE / / EXPIRATION DATE / /	
		SIGNATURE SIGNATURE (SITE OWNER)	•
	4		
	21	SITE CODE SITE NAME DISPOSAL METHOD NEUTRALIZATION METHOD 30 31 NEUTRALIZATION METHOD	
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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	TRANS E DATE 9/13/79 L PSWC AUTHORIZATION NUMBER CODE TODE	DATE ENTERED (Agency Use) / / /	· ·
	WASTE HAULER	10 10 17	10 19 20
167	HAULER REGISTRATION NUMBER $\frac{0}{21}$ $\frac{2}{2}$ $\frac{0}{24}$ NAME WASTE RESEARCH A	ND RECLAMATION	
• •	ADDRESS ROUTE 3 COMMUNITY EAU CLAIRE		
	COUNTY EAU CLAIRE STATE WI ZIP 54701 AREA CODE 715 T	ELEPHONE 834-9624	
	GENERATOR MASTE GENERATOR		
	GENERATOR CODE 25 G NAME VARIAN/NAT	IONAL	
	ADDRESS KESLINGER ROAD COMMUNITY LA FOX	4	
	COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 T	ELEPHONE 232-4300	
	GENERATOR CONTACT NAMEMARK_PETERSON	. 	
	DUNS NUMBER SIC CODE		65
2 <u>0</u>	PROCESS NAMECLEANING		
6 /	WASTE CHARACTERISTICS	50	
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4 0 6 7	TUPAC WASTE NAME		80
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	2 = DAILY 6 = BI-MONTHLY 3 = WEEKLY 7 = QUARTERLY 4 = BI-WEEKLY 8 = SEMI-ANNUALLY	4 = GAS	
. 0	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for o	olumns 21 through 26):	
5 0 6 7	INHALATION DERMAL INGESTIVE TOXICITY TOXICITY INFECTIOUS REACTIV	ITY EXPLOSIVE	
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	27 22		0 71 · 74
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CARD Type	DATE		LPSWC	AUTHORIZATION N	UMBER			TRANS CODE _	DATE (Agen	ENTERED cy Use)	1
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			(SITE O	WNER)			~	(SITE	OPERATO	R)	

interoffice



to Bud Loeb

from Carl Schoder

ext. 3080

date December 24, 1980

subject NPDES permit renewal and effluent improvement

As a result of our discussions 12-19-80 recommend the following steps be taken:

1. Submit a written request to Illinois EPA for a 90 day extension on the filing time for the NPDES permit renewal which the Illinois EPA has indicated would be granted.

2. Sample the three outfalls and well water and have analyses performed per requirements of the NPDES permit application. Composite samples should be gathered per permit instructions. The well water data may not be needed for the permit but I feel it is good information for us to have as a data base.

3. Take additional samples, including duplicates and sludge from lagoon No. 1 for mercury analysis only, to clarify the existing mercury levels at various locations.

4. Have Lamont and Harry Hasse prepare the permit forms for submittal to Palo Alto. Please ask them to refine the rough flow chart that I started including the addition of estimated flows.

5. If you will forward the refined flow chart and analysis results to me, Ed and I will see if we can provide some suggestions for minimizing the mercury concentrations in the effluent. At present the only thoughts I have are providing a closed pipe return for the non-contact cooling water and lining of the pits to which this water returns.

cc; C. Clemm

0122 00.30 87/70

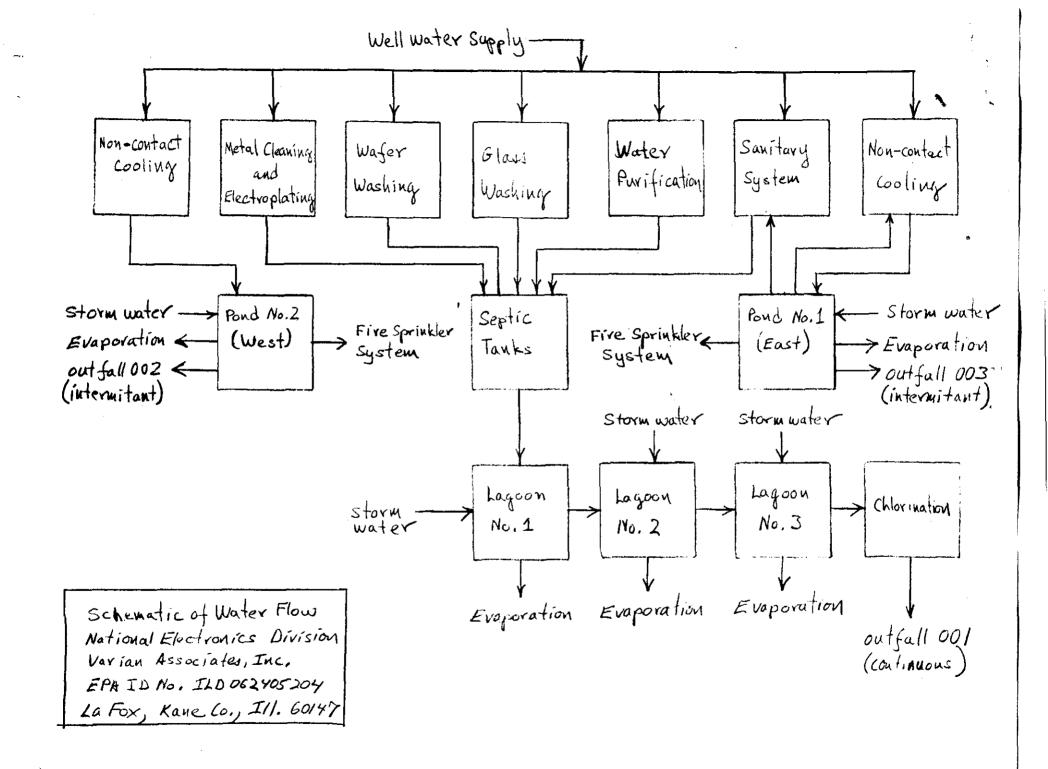
W. Kranzthor

M. Siegel

J. Vanderknyff

\L. Walker

√E. Wolovich



WR.

SPEED MEMO

Phone (715) 834-9624 WASTE RESEARCH and RECLAMATION CO., INC.

Route 3 • EAU CLAIRE, WISCONSIN 54701

TO Lamont Wilson BANCKER	A National Elect	ronics
subject Spent stream analysis u	•	Date 12/2/80
Dear hamont.		
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SPENT MATERIAL SURVEY

Phone (715) 834-9624

WASTE RESEARCH and RECLAMATION CO., INC.

Route 7 • EAU CLAIRE, WISCONSIN 54701

Company		Wa	ste Stream Informatio	n
Address		Name of Main Components		
·		Quantity On Hand	Monthly Generation	
Contact Title		Packaging: Bu	lk Drums _	
Phone Date of Sampling		Physical State at 70°F Solid		
DETAIL DESCRIPTIONS:	handled properly and economically igned By			d accurately
General Basic Parameters	Organic Solvent	ts	Metallic Contents	in PPM
Flash Point			Dissolved	Suspended
pH Value			CN	
Specific Gravity			Cu	
Suspended Solids %0		070	Hg	
Waste Producing Process		o.	As	
		%	Ni	
Gaseous Emission Substance			Ba Pb	
Layers Present	Organic Residues	970	Cd	
Total % of Chloride Total % of Sulfur	Oil Type		Se	
Toxicity Rating			Cr	
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Reactive Dhytotoxic DToxic Teratogenic/Mutagenic			Salts	% %o
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Yes 🗌 No 🗌	If no, explain:			
Desired Service WR&R	Representative			
Recovery Branch	Office		Date	
(Others)	s		_	

Euf Cost Ladautaries Hack Point # 10.00 N/C \$ 5.00 Spleine Gravity \$ 6.00 Suspensel Solids BTU, Chorine, Sulfur \$40.00 60.00 Solvents \$ 6.00 Acidety_ Cle halanity \$ 6.00 \$ 20.00 Cejandes, Total Métals) Copper Silver mereury \$ 25.00 Ursenic \$1/2.00 mickel \$15.00 Barium 4/2.00 Head \$ 12.00 Cadmun \$15.00 Sclenium \$ 12.00 Chromum. \$ 12.00 Jeno_ PCBD in Oils

WRIR does not want to influence your

VARIANANATIONAL

interoffice



to: Carl Schoder

from: LaMonte Walker

ext. 202

date: November 24, 1980

subject: USEPA Permit Application, Hazardous Waste, Part A

Attached is one of the duplicate copies you sent us for review and approval. Except the items discussed per our telephone conversation of November 21, the information in the application is correct to our best judgement.

LCW:le Attachment Part A, Germet application, National Division Varian associates Geneva, Illinois,

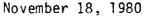
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PS Form	SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.
3813, Jan. 1979	1. The following service is requested (check one.) Show to whom and date delivered
	(CONSULT POSTMASTER FOR FEES)
. RETURN	2. ARTICLE ADDRESSED TO: EPA REGION I
RN RECE	CHTCASO, ILL. 60680 3. ANTICLE DESCRIPTION: REGISTERED NO. 1 CHTIFFED NO. 1 INSURED NO.
PT RE	143373
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Varian / 611 Hansen Way / Palo Alto / California 94303 / U.S.A.

Tel. (415) 493-4000 Telex 34-8476





EPA Region V RCRA Activities P.O. Box 7861 Chicago, IL 60680

Dear Sirs:

Enclosed is Part A of the permit application submitted to obtain interim status under the Resource Conservation and Recovery Act for an existing treatment or storage facility. The information supplied on RCRA forms 1 and 3 represents our best judgment and belief as to the information requested. For example, because we are a multi-facility, multi-product manufacturing company, the SIC codes provided under section VII, and the brief description under section XII, are close approximations which may not completely describe all aspects of our business. In addition, the owner certification in section IX of form 3 is a certification of the "owner" of the treatment or storage facility, as defined in EPA General Instructions, and not the owner of the land or building from whom we have obtained a leasehold interest.

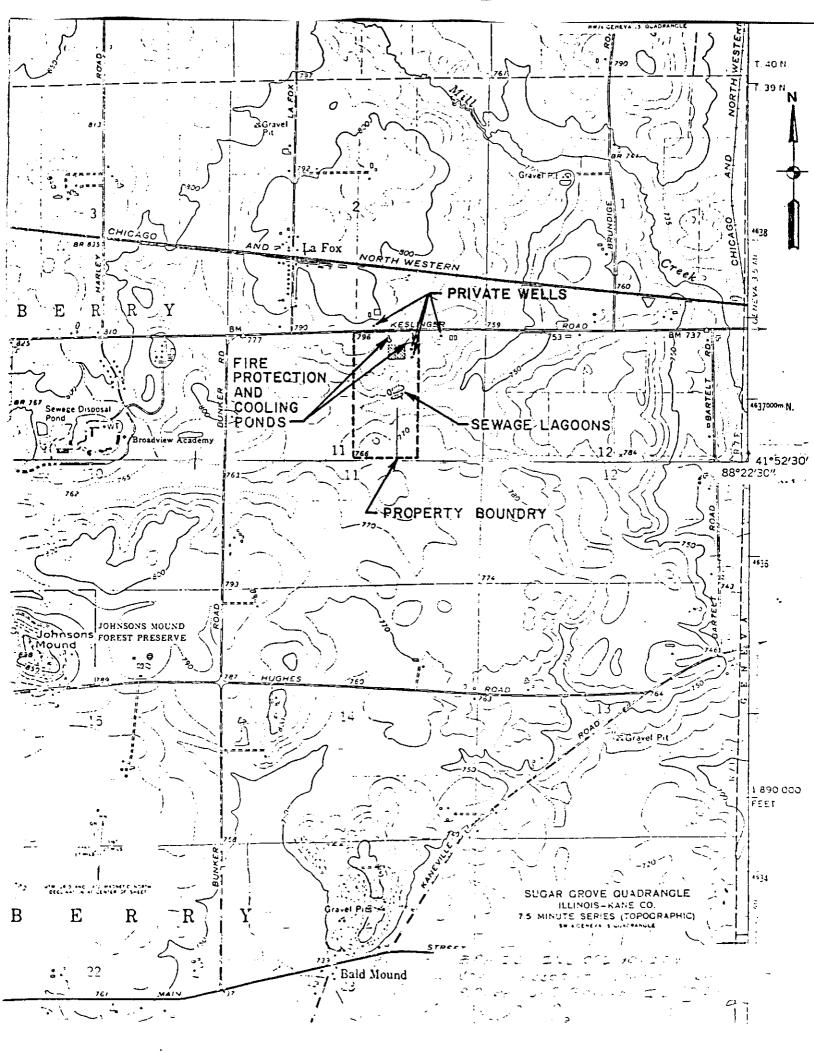
The enclosed applications have been submitted in a good faith attempt to comply with those EPA Hazardous Waste Regulations under the Resource Conservation and Recovery Act which were published by November 1, 1980, and the information submitted represents our best judgment as to EPA requirements as of that date.

Very truly yours,

Wilfrid A. Kránzthor

Director of Management Systems

WAK:aab



THE COLUMN THE THOUSAND				
/II. SIC CODES (4-digit, in order of priority)				<u> </u>
A. FIRST		el I I I I I I I I I I	B. SECOND	
3673 Electronic Tubes		7 30/4	ecify) Semiconductor device	ces
C. THIRD		13/16 - 19	D. FOURTH	
c (specify)			ecify)	
7		7 12 14 19		
VIII. OPERATOR INFORMATION				
	A. NAME			B. Is the name listed in Item VIII-A also the
B VARIAN ASOOCIATES, INC.		, , , , , , , ,		owner?
15 14				YES NO
C. STATUS OF OPERATOR (Enter the appro-	priate letter into the answ	er box; if "Other", spe	cify.) D. PHONE (6	area code & no.)
F = FEDERAL M = PUBLIC (other than fe		pecifyj	A 415 49	93 4000
S = STATE O = OTHER (specify) P = PRIVATE	P 94		A 415 45	
E. STREET OR	P.O. BOX			
611 Hansen Way		111111		
26		85		
F, CITY OR TOWN	 	G.STATE H	Is the facility located	on Indian lands?
B Palo Alto		CA 9	94303 STEEL YES	MO NO
18 16 · ·		40 41 42 47	52	
X. EXISTING ENVIRONMENTAL PERMITS				
A. NPDES (Discharges to Surface Water)	O. PSO (Air Emission.	s from Proposed Sourc	ces)	
9 N IL0024333	9 P	1 1-1 1 1-1		
30 18 10 17 18 30	15 16 17 18		30	
B. UIC (Underground Injection of Fluids)	€. OTHE	R (specify)		
9 U	9 08989900	01	' (specify) Illinois EPA Ha	mardous wasta
C. RCRA (Hazardous Wastes)	19 16 17 18 E. OTHE	R (specify)	30 11111013 LIA 110	izardous wasce
ern i fri i i i i i i i i i i i i i i i i i	<u> </u>		(specify)	
9 R	19 10 17 10 1		10	
XI. MAP				
Attach to this application a topographic map	.			-
the outline of the facility, the location of each treatment, storage, or disposal facilities, and				
water bodies in the map area. See instructions	for precise requiremen	ts.	ond. Merde an spinings, fivers	and odier samace
XII. NATURE OF BUSINESS (provide a brief descrip				
Varian designs, builds, marke				
for customers in industry,com	•	·		
Products include electron tube and systems based on vacuum t			•	
medical systems and magnetic		ycical ilistru	menes,	
mearcar by seems and magnetic	componencs:			
XIII. CERTIFICATION (see Instructions)				
I cartify under penalty of law that I have per attachments and that, based on my inquiry				
application, I believe that the information is				
false information, including the possibility of			- •	-
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNAT			DATE SIGNED
John Heldack	'	Kin Heller	· la	A115/20
V.P. Corp. Development & Public	Allairs /	•		·
COMMENTS FOR OFFICIAL USE ONLY			·	
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I. PROCESSES (continued) more completely to the second and the first of the section of the section of the section of

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

V. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- i. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- 🖫 UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CO	<u>DE</u>	METRIC UNIT OF MEASURE	CODE
POUNDS	•	KILOGRAMS	. , K
TONS	7	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

). PROCESSES

- 1. PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
 - For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
 - Note: Four spaces are provided for entering process codes, if more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- FOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by iore than one EPA Hazardous Waste Number shall be described on the form as follows:
 - 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B.C. and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 - 'included with above" and make no other entries on that line
 - 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes ire corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

			P/			C. UNIT												D. PROCESSES
Zo	W A (en	S 7	E i	10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)				1. P	RC	CE:		DE:	5			2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$)
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X-2	D	0	0	2	400	P	Т	0	3	D	8	0	1	7		ī	Τ	
X-3	D	0	0	1	100	P	T	0	3	D	8	0	1	1		1	T	
X-4	D	0	0	2				1	1		T	1	T	T		1	1	included with above

mued from page ∠. Form Approved OMB No. 158-S80004 ": Photocopy this page before completing if you have more than 26 wastes to list. FOR OFFICIAL USE ONLY PA I.D. NUMBER (enter from page 1) D 4 DUP 10 6 DUP DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) D. PROCESSES A. EPA HAZARD. WASTENO B. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES
(enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 22 27 Ċ. n Р 900 0 S₀₁ Р n included with above 3 0 3 included with above 4 included with above 0 5 υlo 0 19000 p 501 6 501 13000 р 7 S01 D þ 0 0 3500 8 F O included with above included with above 10 ol included with above 11 b n included with above 12 included with above 13 150 S01 0 14 150 S01 15 5000 S01 16 15000 S01 17 included with above 18 0 0 2 31000 S01 19 1000 S01 20 21 23 24 25 26

John Heldack V.P. Corn. Development & Public Affairs

including the possibility of fine and imprisonment.

A. NAME (print or type)

February 2

C. DATE SIGNED

1. 15/7.

• • •

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intéroffice



to: Carl Schoder

from: LaMonte Walker

ext. 202

date: August 12, 1980

subject: Notification of Hazardous Waste Activity

Attached please find a copy of our completed Notification Form. We also submitted the post card to request a RCRA permit application. If you have any questions, please contact me by August 15th as I will be out of the plant the next two weeks until September 2.

Laryh Water

LCW/le Attach.

CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

U.S. ENVIRONMENTAL PROTECTION AGENCY

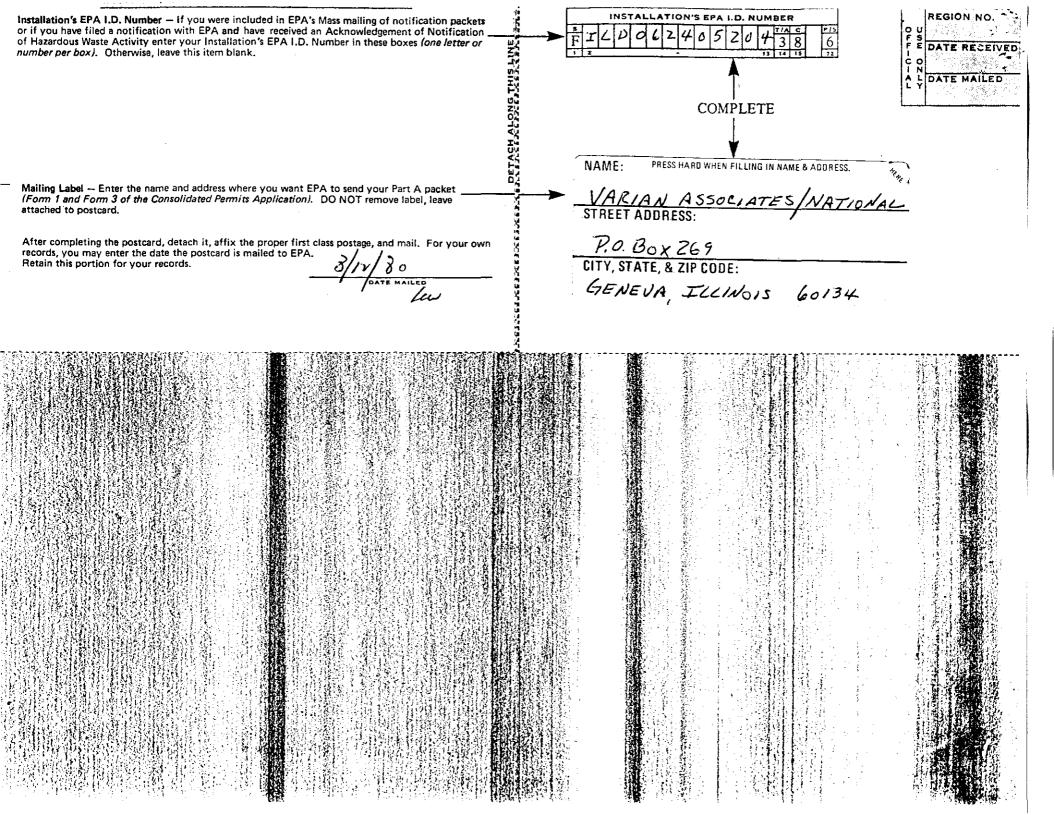
INSTALLATION IN	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left, if any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items 1, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored, and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL USE ONLY	56.65、100.000 (19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00
COMMENTS	
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F 1	
I. NAME OF INSTALLATION	据说: 水石油建筑 "" 的杂油树
UARIAN ASSOCIATES MATIONAL DI	
II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	274 July 1 - 2 Mart 12 A. 2
3 P O B O X 2 6 9	
	CODE
4 GENEVA ILLO	134 14
15 16 - 40 41 42 47	- 31
III. LOCATION OF INSTALLATION	(4) 图 (5) 图
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STREET OR ROUTE NUMBER S	PHONE NO. (area code & no.) 3 1 2 2 3 2 4 3 0 0 45 44 49 51 52 55 ter "X" in the appropriate box(es)) RANSPORTATION (complete item VII) NDERGROUND INJECTION DX(es)) (specify): rdous waste activity or a subsequent notification. low. C. INSTALLATION'S EPA I.D. NO.

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IX. DESCRIPTION OF HAZARDOUS W	ASTES (continued from	County Was Mary 10	1 2	- 18 14 18
·				Market a State of the State
A. HAZARDOUS WASTES FROM NON—SPEC waste from non—specific sources your instal	CIFIC SOURCES. Enter the lation handles. Use addition	e four—digit number fro nal sheets if necessary.	m 40 CFR Part 261.31 for	each listed hazardous
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	1	न ।		
F0011 F004	H003	17 0 0 3	F001	17008
7 8	9	10	11	12
			 	
F007 F011	23 26	23 - 20	23 26	23 - 26
B. HAZARDOUS WASTES FROM SPECIFIC S	SOURCES. Enter the four-	digit number from 40 C	FR Part 261,32 for each li	isted hazardous waste from
specific industrial sources your installation h	andles. Use additional shee	ts if necessary.		
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25 26	27 2 25 2165	28	29	30
2. 多数				
C. COMMERCIAL CHEMICAL PRODUCT HA	ZARDOUS WASTES Ford	r the four digit oumber	r from 40 CER Part 261 2	2 for each chamical sub
stance your installation handles which may be) for each chemical suo-
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* 1 2 A 43 V C 1 1 44 V	45	46	47	48
23 - 26 23 - 26	23 - 26	23 - 26	23 - 26	25 - 26
D. LISTED INFECTIOUS WASTES. Enter the hospitals, medical and research laboratories y	four-digit number from 40	CFR Part 261.34 for ea	ach listed hazardous waste	from hospitals, veterinary
· · · · · · · · · · · · · · · · · · ·				
49 50	51	52	53	54
Samuel Sa			50 C 10 C	
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E. CHARACTERISTICS OF NON-LISTED HA hazardous wastes your installation handles. (esponding to the character	ristics of non-listed
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	and the state of t	report of the provided belong the Carrier	· · · · · · · · · · · · · · · · · · ·	AND THE PROPERTY OF THE PARTY OF THE PARTY.
I certify under penalty of law that I he	ave personally examined	l and am familiar wi	th the information sub	mitted in this and all
attached documents, and that based on I believe that the submitted information				
mitting false information, including the p			o man more are arguing	min penunca jor sav.
			/	Toursesses
SIGNATURE		FICIAL TITLE (type or	print)	DATE SIGNED
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General Manager

8/12/80

EPA Form 8700-12/(6-80) REVERSE



process, solution mining of minerals, in situ combusduction, inject fluids used for enhanced recovery of tion of fossil fuel, or recovery of geothermal energy? oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) (FORM 4) Is this facility a proposed stationary source which is Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-NOT one of the 28 industrial categories listed in the structions and which will potentially emit 100 tons instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the per year of any air pollutant regulated under the Clean Clean Air Act and may affect or be located in an Air Act and may affect or be located in an attainment attainment area? (FORM 5) area? (FORM 5) III. NAME OF FACILITY

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.)

V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX

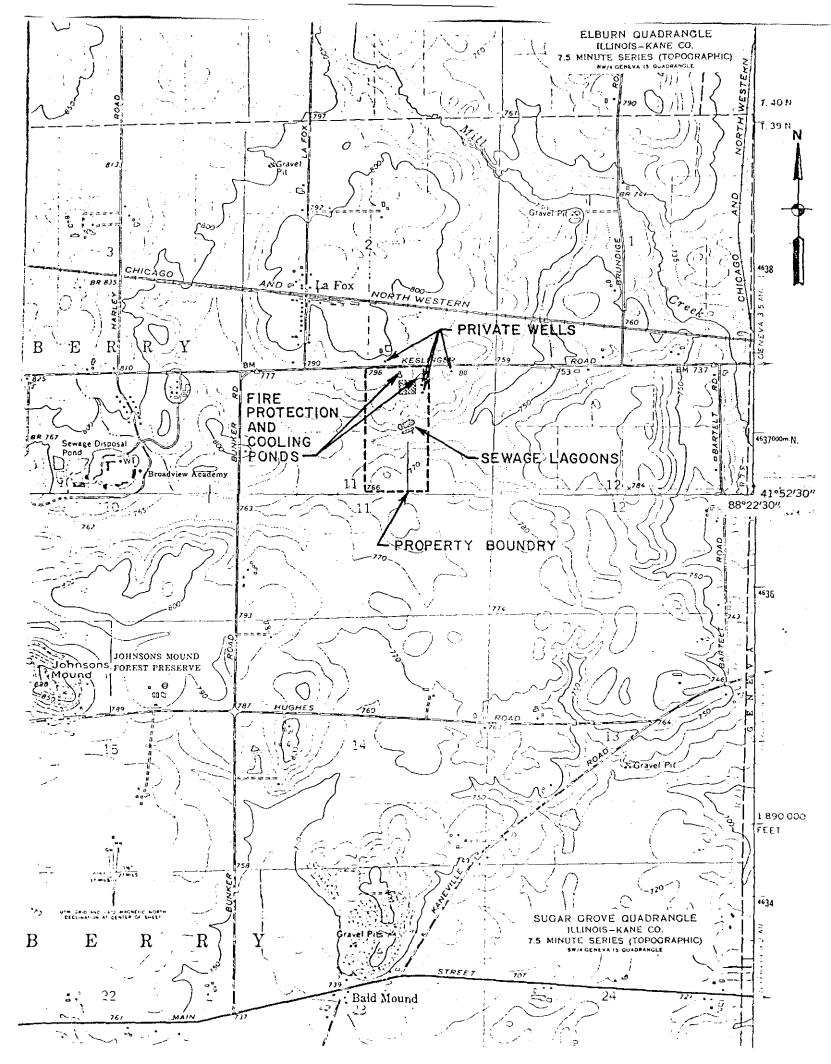
D. ZIP CODE

60

JUSTINUEU FRUM THE FRONT		
VII: SIC CODES (4-digit, in order of priority)	企业产品 535	
A. FIRST A SUBSTITUTE OF THE SECOND S	Kar Hirtzens	
73613 LLECTKANIC TUBES	73624	(specify)
U IE U	2-2 (THYRISTORS, SCR'S
E (specify)	<u> </u>	(specify)
7 1	7	1
VIII. OPERATOR INFORMATION	小学为诗歌诗歌	A CONTRACTOR OF THE PROPERTY O
A, NAME		B. Is the name listed
BVARIAN ASSOCIATES, INC.		owner?
12 14 Address Productive State Conference Co	A A A A A A A A A A A A A A A A A A A	YES UNC
C. STATUS OF OPERATOR (Enter the appropriate letter into the answ		
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	pecify)	A 4/5 493 4000
E. STREET OR P.O. BOX		
611 HANSEN WAY		53
F, CITY OR TOWN	G.STATE	
BPALO ALTO	CA	9+303 Is the facility located on Indian lands? YES NO
18 19 19 19 19 19 19 19 19 19 19 19 19 19	40 41 42	49 100 - 100 11
X. EXISTING ENVIRONMENTAL PERMITS		
A. NPDES (Discharges to Surface Water) A. D. PSD (Air Emission.	s from Proposed S	ources)
9 N ILOOC4333, , , 9 P		
The B. UIC (Underground Injection of Fluids)	R (specify) ARE	# Bank to the first the second of the second
9 1 103989	791101	(specify) ILLINOIS EPA
11 14 17 18	7.0.0.0.	MASAFLOUS UNASTE
STATES OF THE ST	R (specify)	The transportation of the state
15 18 17 18 30 15 16 17 18		30
Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and pareatment, storage, or disposal facilities, and each well where it injurates bodies in the map area. See instructions for precise requirements	roposed intake cts fluids under	and discharge structures, each of its hazardous waste ground. Include all springs, rivers and other surface
XII. NATURE OF BUSINESS (provide a brief description)	Se Article William	
•		
MANUFACTURE INDUSTRIAL ELECTROM	- TURES	AND SEMICONFACTORS
		,
•	•	•
XIII. CERTIFICATION (see Instructions)	950000000000000000000000000000000000000	AND THE PROPERTY OF THE PROPER
I certify under penalty of law that I have personally examined and a attachments and that, based on my inquiry of those persons immapplication, I believe that the information is true, accurate and confalse information, including the possibility of fine and imprisonment.	ediately respon opiete. I am awa	sible for obtaining the information contained in the are that there are significant penalties for submitting
NAME & OFFICIAL TITLE (type or print) B. SIGNAT	The second secon	C. DATE SIGNED
		·
	·	
OMMENTS FOR OFFICIAL USE ONLY		The state of the s
A STATE OF THE PARTY OF THE PAR		

¥ Form 3510-1 (6-80)

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U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION

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revised	applica		ox in A or B below (n first application and									
			ice an "X" below and (See instructions for Complete item belo	definition of "exist				Ç	Z.NEW FAC	HLITY (C		ACILITIES.
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B. RE	_	APPLICATION	(place an "X" below	and complete Item	I above)				2. FACILIT	Y HAS A	RCRA PERN	AIT
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ente desc B. PRC 1. / 2. I	ering co cribe th DCESS AMOU! UNIT (des. If more lines a e process (including DESIGN CAPACIT NT — Enter the amo OF MEASURE — Fo	code from the list of re needed, enter the cits design capacity) if Y — For each code enount, or each amount enterecits of measure that an	ode(s) in the space in the space provided tered in column A of d in column B(1), e	provided. d on the fore enter the c	If a pro orm (Iter capacity ode fron	cess with a 111-C) of the p	t be used that	is not include.	led in the	list of codes b	pelow, then
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A E C	ESS ODE om list bove)		MOUNT :	2. UNIT OF MEA- SURE (enter code)	CIAL U	COD	S DE list	1. /	TNUOMA		2. UNIT OF MEA- SURE (enter code)	FOR OFFICIAL USE ONLY
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III. PROCESSES (continued)	
	OR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE
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TO DECOMPTION OF THE 74 PROME WASTES	
IV. DESCRIPTION OF HAZARDOUS WASTES	our-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you
handle hazardous wastes which are not listed in 40 CF	FR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteris-
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B. ESTIMATED ANNUAL QUANTITY - For each lister	ed waste entered in column A estimate the quantity of that waste that will be handled on an annual
basis. For each characteristic or toxic contaminant ente	ered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled
which possess that characteristic or contaminant.	
C. UNIT OF MEASURE - For each quantity entered in	column B enter the unit of measure code. Units of measure which must be used and the appropriate
codes are:	

ENGLISH UNIT OF MEASURE CODE METRIC UNIT OF MEASURE CODE
POUNDS P KILOGRAMS K
TONS T METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate <u>now</u>, the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s! from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

		Α.						UNIT		D. PROCESSES										
	W.	A S	5T	EΝ	0	B. ESTIMATED ANNUAL QUANTITY OF WASTE	5	MEA URE enter ode)		1. PROCESS CODES (enter)			5		2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
X-1	К	1	g.	5	4	900		P	T	0	3	L) 8	3 0	7	-1	1	-		
X-2	D	0		0	2	400		P	T	1) 3) 8	3 0)	-1-		7	<u> </u>	
X-3	D	6	7	0	1	100	1	P	T	0	3	L) {	3 0	,	1	T	7	- F	
X-4	D	2	9	o	2					1	7		1	7	1	1	7	1 -1		included with above

EPA 1.0. NUMBER (enter from page 1)	1///	FOR OFFICIAL USE	
WILD 062405204	1//	W DUP	7/A c DUP
IV. DESCRIPTION OF HAZARDOUS WA		·	
A. EPA W. HAZARD. B. ESTIMATED ANNUL Z. WASTENO QUANTITY OF WAST J.Z. (tenter code)		1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1 8007 700	29	50/	
2 12029		1 1 1 1 1 1 1 1 1	INcluded With AROJE
3 P 0 3 0			INCluded With ARose
4 P 1 0 G			included With ABOJE
5 4002 19000	P	502	
6 11 154 18000	P	50/	
7 0 00/ 3500	P	501	
8 F 0 1 7			INCluded With ABOVE
9 7005			INCluded With ABOVE
10 7002			Mcluded WitH ABSUE
11 5003			included With ABOJE
12 4 2 3 9			INcluded With ABOJE
13 F003 150	P	501	
14 F 0 0 7 15 0	ρ	501	
15 U 151 5000	P	501	
16 UZZ3 15000.	P	501	
17 F001			Michael With ABOUTE
18 2002 31 000	P	501	
19 11 13 4 1000		501	
20	_		· .
21			
22		·	
23			
24			•
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26	35 36	27 - 29 27 - 28 21 - 29 22 - 29	

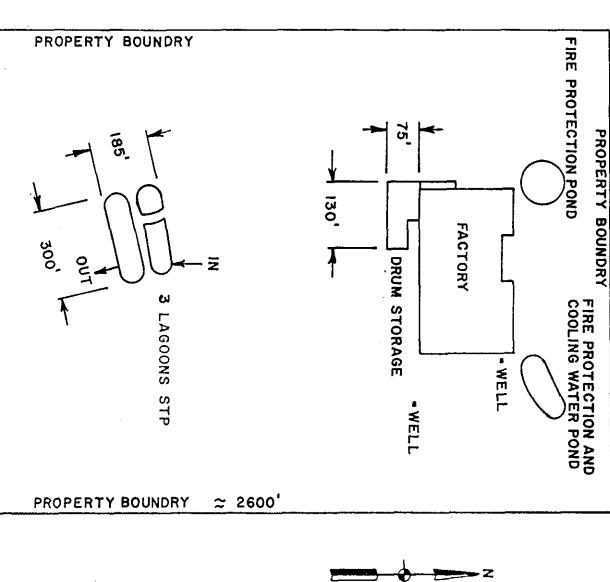
IV. DESCRIPTION OF HAZARDOUS WASTES (co				
E. USE THIS SPACE TO LIST ADDITIONAL PRO	CESS CODES FR	OM TIEM D(I) ON PAGE :	3.	
·				
		:		
		-		
			•	
·		9		
EPA I.D. NO. (enter from page 1)				
F11(1006217101012101716	·			
V. FACILITY DRAWING	1.66.57			
All existing facilities must include in the space provided on VI. PHOTOGRAPHS	page 5 a scale drawir	g of the facility (see instruction	ns for more detail).	nen en
All existing facilities must include photographs (aeri	ial or ground—leve	i that clearly delineate all e	existing structures:	existina storage.
treatment and disposal areas; and sites of future stor	age, treatment or	disposal areas (see instruction	ons for more detail).
VII. FACILITY GEOGRAPHIC LOCATION				
LATITUDE (degrees, minutes, & seconds)	LONGITUE	DE (degrees, minutes,	& seconds)
4// 5/Z 4/4/4 63 63 63 63 63 71		72	88 24	0 7
VIII, FACILITY OWNER	是世代表的任务			
A. If the facility owner is also the facility operator as I skip to Section 1X below.	isted in Section VIII	on Form 1, "General Informat	ion", place an "X" in	the box to the left and .
B. If the facility owner is not the facility operator as li	isted in Section VIII	on Form 1, complete the follo	wing items:	· · · · · · · · · · · · · · · · · · ·
I. NAME OF FACIL	ITY'S LEGAL OWN	ER	2, PH	ONE NO. (area code & no.)
E VARIAN ASSOCIATES INC	·			<u>-</u> - <u> </u> - - -
3. STREET OR P.O. BOX		A. CITY OR TOWN	5, 57.	6. ZIP CODE
F 611 HANSEN WAY	G PA	LO ALTO	CA	94303
12 1 1 2				
IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in submitted information is true, accurate, and complet including the possibility of fine and imprisonment.	ndividuals immedia	ntely responsible for obtaini	ing the information	, I believe that the
A. NAME (print or type)	B. SIGNATURE	••	C. DATE	SIGNED
Y OPERATOR CERTIFICATION STREET	ESPERANTA ESPERANTA A		S. Carlotte Street	ing contribution of the land
X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally	evenined and an	familiar with the information	on submitted in thi	s and all attached
documents, and that based on my inquiry of those in submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	ndividuals immedia	ntely responsible for obtaini	ing the information	, I believe that the 🧢 🐇
A. NAME (print or type)	B. SIGNATURE		C. DATE	SIGNED
			}	
EPA Form 3510-3 (6-80)				CONTINUE ON PAGE 5
	PAGE	4 UF 5		

1300

-<u>-</u>

250

V. FACILITY DRAWING (see page 4)



		1
	(IMPORTANT MESSAGE)	
	FOR Geneva	
AND THE RESERVE AND ADDRESS OF THE PARTY OF	DATE TIME P.M.	es despesables have been
	OF Item I: No date	
/(CHONE leave blank, AREA COOP CITAIN NOT BETTEN TON 2	
	TELEPHONED PLEASE CALL	
	CAME TO SEE YOU WILL CALL AGAIN WANTS TO SEE YOU RUSH	
	RETURNED YOUR CALL SPECIAL ATTENTION	
	MESSAGE Page 4075 North hatilute	
	(3) West hongitute	
	FormI, page 2	
	SIGNED 3674 Thyristers and	
	TOPS 3002-P TH. S. CROCKER CO., INC. 263-9810	

n katan mengelek kalangan kemanakan kemendan panyasak banggalah bangan tahun di menang Kelaman mengelek kalangan kemendalan banggalan beragai di Katanggalan beragai kemendalan beragai kemendalan be



Nuclear Engineering Company, Inc.

9200 SHELBYVILLE ROAD, SUITE 526 • P. O. BOX 7246 LOUISVILLE, KENTUCKY 40207 PHONE (502) 426-7160

October 8, 1980

Varian/National Mark Peterson Keslinger Rd. LaFox, IL 60147

Dear Customer:

Due to your participation and questions during NECO's recent RCRA briefings, and necessary modifications for computer input, the Request for Disposal Form has been updated. Although in appearance the form has changed dramatically, the information requested is essentially the same. Enclosed are detailed instructions to assist completion of the new form. It is in this area that interpretations of the new RCRA regulations are clarified.

NECO would like to remind you of several items and dates that must be met for compliance with the RCRA regulations. The major concern for both your organization and NECO is the continued movement and proper disposal of wastes as they are generated. The approval process will be accomplished by:

- Submittal of the completed Request for Disposal Form and lab analysis for each waste stream to be shipped after November 18, 1980, even those currently permitted.
- A copy of the approved Request for Disposal Form and any necessary state permits, must be in your possession prior to shipment.

In order to facilitate continued service by NECO, it is imperative that the enclosed forms be completed and returned to NECO, at the address listed on the form, by October 22, 1980. If you have completed and returned the information to us on the previous form, you will not need to resubmit the information.

Effective immediately, no waste stream applications will be processed unless they are received on the Request for Disposal Form. Any necessary state applications will be completed by NECO, using the information supplied by you on the Request for Disposal Form.

Page Two RCRA

There have been numerous questions concerning wastes that are outside RCRA landfilling limits on reactivity and ignitability properties. At this time, a general statement on this subject is not practical. However, these wastes will be reviewed on an individual waste stream basis. We would like to assure you that steps are being taken by NECO to offer qualified alternative disposal services for those streams that cannot be landfilled under RCRA regulations. These alternatives will be presented to applicants as they are finalized within our organization.

A major concern is a process for the disposal of laboratory waste. NECO has contacted the U.S. EPA concerning this problem. When the U.S. EPA establishes an approved process for laboratory waste disposal, NECO will provide the appropriate information so that the submittal of Request for Disposal forms may begin. Until that time, NECO will be unable to process requests for the disposal of laboratory waste.

NECO wishes to thank all who attended the RCRA briefings. note our site numbers as assigned by the U.S. EPA are listed below. If you need additional forms or have any questions, please do not hesitate to contact this office. (502) 426-7160 Extensions 72, 73 or 74.

Sincerely yours,

Jerry Kague Gerald J. Raque, Manager

Chemical Sales

GJR:jc

SITE

Sheffield, Illinois Robstown, Texas

Beatty, Nevada

EPA SITE NUMBER

ILD045063450 TXD069452340

-Not Yet Assigned

NVT330010000

Page Two Instructions

- STATE WASTE STREAM (WS)#: If the waste stream has previously been assigned a number by the state in which our site(s) operate, please note it here.
- NECO WASTE STREAM (WS) # Leave Blank; this number will be assigned by us upon receipt of the completed form.
- GENERATOR NAME, GENERATING FACILITY ADDRESS, (city, state and zip code):

 Complete this section in its entirety for each
 facility and waste stream.
- STATE EPA GENERATOR ID NUMBER: In some cases, the generating facility has been assigned a state number either by the state where their facility is located or where our disposal facility is located. List all of these numbers and the state which has assigned the number(s).

 EXAMPLE: 1234567891 (Illinois)
- ADMINISTRATIVE CONTACT AND TELEPHONE NUMBER: The person listed here should be the generator's representative who would address questions concerning the day-to-day activities of disposal.
- TECHNICAL CONTACT AND TELEPHONE NUMBER: The person listed here should be the generator's representative who would address questions concerning the composition of the waste stream.
- WASTE HAULER, ADDRESS (street, city, state & zip code)

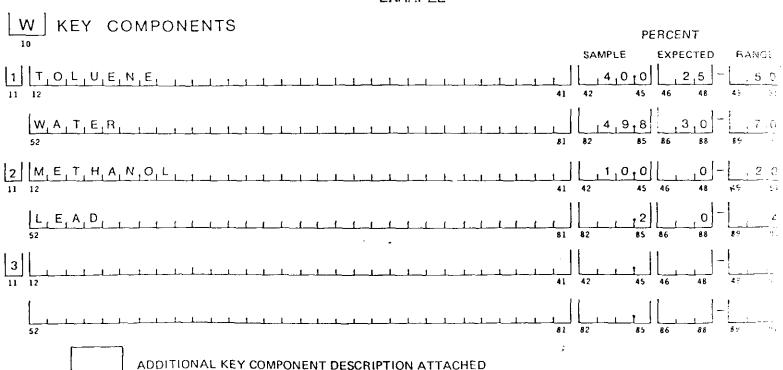
 AND TELEPHONE NUMBER: This should be the company that the generator feels will be the primary transporter of the waste.

Page Four Instructions

KEY COMPONENTS: Organic and inorganic substances comprising the waste are to be identified by generic name and expressed in percent contained in the waste. Any components accounted for in parts per million should be listed on an attached sheet. Account for all the components of the waste, including non-hazardous components.

NOTE: (The numbers listed beside the component lines are for computer use only and every line is to be used for listing components.) Space is provided for the percent of each component found in the sample, with one decimal point space provided, and for expressing a range of percents that the component could be found in the waste if it will be dramatically different from the sample.

EXAMPLE



ANALYTICAL TECHNIQUE(s) USED: Complete this line showing the technique(s) used to identify the key components, i.e. Conventional Gas Chromatograph, Atomic Absorbtion, etc.

Page Five Instructions

WASTE PROPERTIES

WASTE COMPOSITION: Check the box which applies.

WASTE STATE: Check the appropriate box.

VISCOSITY: Must be expressed for all waste streams.
(In Centipoise)

pH: Must be reported for all materials.

PERCENT ACIDIC: For all materials with a pH less than 7, as percent acidity.

PERCENT ALKALI: For all materials with a pH greater than 7, as percent alkalinity.

ANALYTICAL TECHNIQUE: Must be completed showing how the acidity or alkalinity was expressed; i.e. as sulfuric acid, calcium carbonate, etc.

FLASH POINT: Per RCRA, closed cup methods are required, with Pensky-Martens or Setaflash methods recommended. If a flash point is not obtainable, then note if the waste is ignitable.

ANALYTICAL TECHNIQUE: Note which test method was used to determine the flash point of the material.

DENSITY: This section is the average weight of the waste material as expressed in pounds per gallon or pounds per cubic feet. (Be as precise as possible)

POUNDS/GALLON OR POUNDS/CU.FT.: Check the appropriate box.

Page Seven Instructions

DOT UN/NA CODE: A UN or NA code has been assigned to all materials listed in the DOT Hazardous Materials Table effective 11-19-80.

EXAMPLE (Per example waste stream)

DOT UN/NA CODE

DOT HAZARD CLASSES APPLICABLE: Check the appropriate boxes for your waste stream.

NOTE: These should be the HAZARD classes which you would include in the identification of your waste in the Part A of your annual report to the Environmental Protection Agency as a generator of hazardous waste.

PACKAGES WILL CONTAIN REPORTABLE QUANTITY OF A HAZARDOUS WASTE:

Check this box if it is applicable per the listing in the

DOT Hazardous Materials Table (as defined by the Clean

Water Act).

PROPOSED PACKAGING: List specific container type and size to be used for transporting waste.

EXAMPLE

PROPOSED PACKAGING

AUTHORIZED SIGNATURE: Must be signed by an authorized representative of the company applying.

NAME: Type or print the name of the person signing the form.

DATE: Date the form is signed.

TITLE: Title of the person signing the form.

Page Eight Instructions

THE REMAINDER OF THE FORM SHOULD BE LEFT BLANK

The completed form should be returned to:

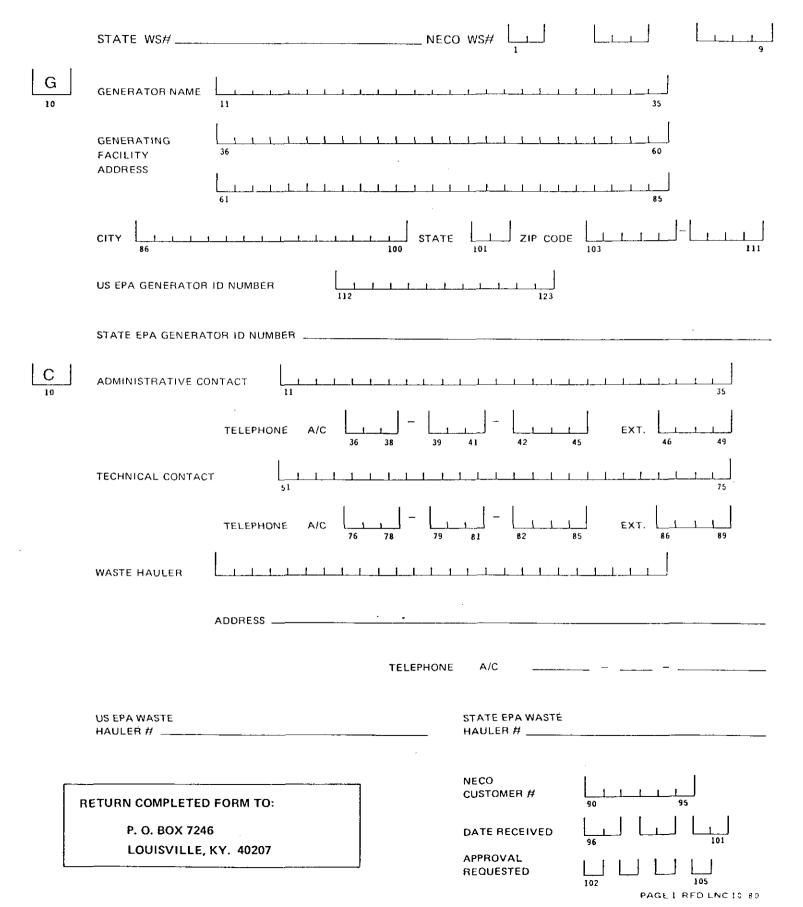
P.O. BOX 7246 LOUISVILLE, KY 40207

THE FORM WILL BE REVIEWED AND WE WILL SUBMIT ANY NECESSARY STATE APPLICATIONS. A COPY OF THE FORM WILL BE RETURNED TO YOU EITHER APPROVED FOR DISPOSAL AT OUR FACILITY, OR DENIED. EFFECTIVE 11-19-80, NO WASTE WILL BE ACCEPTED FOR DISPOSAL AT OUR FACILITIES UNLESS THE DISPOSAL REQUEST FORM AND ANY NECESSARY STATE FORMS HAVE BEEN APPROVED PRIOR TO SHIPMENT.

NUCLEAR ENGINEERING COMPANY, INC. REQUEST FOR DISPOSAL

SITE SELECTION: D SHEFFIELD, ILLINOIS D BEATTY, NEVADA

GENERAL INFORMATION



N 10	WASTE DESCRIPTION		
	LAB NAME	DA7	TE OF ANALYSIS
	WASTE STREAM NAME		
11	PROCESS GENERATING WAS		50
51 E	-]		90
10	EPA HAZARDOUS WASTE NU	JMBERS	
	11 14 15 18	19 22 23 26	27 30
٠.	31 34 35 38	39 42 43 46	47 50
	51 54 55 58	59 62 63 66	67 70
	ADDITIONAL EPA	HAZARDOUS WASTE NUMBER	RS ATTACHED
W 10	KEY COMPONENTS		PERCENT
1 12			SAMPLE EXPECTED RANGE 41 42 45 46 48 49 51
52			81 82 85 86 88 89 91
2 11 12			41 42 45 46 48 49 51
52			81 82 85 86 88 89 91
3 12			41 42 45 46 48 49 51
52			81 82 85 86 88 89 91
	ADDITIONAL KEY COMPO	NENT DESCRIPTION ATTACHED	
	ANALYTICAL TECHNIQUE(s) USED _		

P 10	WASTE PROPERTIES
	WASTE COMPOSITION
	1. ORGANIC 2. INORGANIC 3. BOTH ORGANIC & INORGANIC
	WASTE STATE
	1. SOLID
	2. LIQUID VISCOSITY (Centipoise)
	PERCENT PERCENT ALKALI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	FLASHPOINT 24 26 OF
	ANALYTICAL TECHNIQUE
	DENSITY 1. Ibs/gallon (EIQUIDS) 2. Ibs/cu. ft. (SOLIDS) 28 31 32
	SHIPPING INFORMATION
	ANTICIPATED ANNUAL VOLUME
-	TRANSPORT FREQUENCY
	1. GALLONS 1. DAILY
	2. CU. FT. 2. WEEKLY
	☐ 3. MONTHLY
	4. ANNUALLY 5. ONE TIME
	DOT PROPER SHIPPING NAME
	41
	90
	COT UN/NA CODE .
	91 96

	DOT H	AZAF	RD CLASSES APPLICAE	BLE	(101 -	— 120)			
		01	COMBUSTIBLE		08	FLAMMABLE SOLID		15	POISON B
		02	CORROSIVE		09	IRRITATING AGENT		16	RADIOACTIVE
		03	ETIOLOGIC AGENT		10	NONFLAMMABLE GAS		17	ORM-A
		04	EXPLOSIVE A		11	ORGANIC PEROXIDE		18	ORM-B
		05	EXPLOSIVE B		12	ORM-E		19	ORM-C
		06	FLAMMABLE GAS		13	OXIDIZER		20	ORM-D
		07	FLAMMABLE LIQUID		14	POISON A			
Y 121	PROP		KAGES WILL CONTAINED PACKAGING	N REF	PORT.	ABLE QUANTITY OF A HAZ	ARDOU	IS SUI	BSTANCE
	122			11.	<u>. [</u>		11	1 1	151
	this form is the reby the l	m, and esult d U.S. i	d any attachments or su of an analysis of a repre- Environmental Protection	ippler senta on Aç	ments tive s gency	s, is true and correct. I further ample obtained and analyzed	certify I in acc	and v	
	Date			 _	т	tle			·
		····			FOR	NECO USE ONLY	,, •		
Ext	oroved by Diration Da	ate	Approval						
Spe		·	Safety Requirements:	<u> </u>					



Nuclear Engineering Company, Inc.

9200 SHELBYVILLE ROAD, SUITE 526 : P O BOX 7246 LOUISVILLE, KENTUCKY 40207 PHONE (502) 426-7160

December 2, 1980

Dear Customer:

Nuclear Engineering Company will continue to accept for disposal ignitable liquids as defined in Resource Conservation and Recovery Act (RCRA) and regulations promulgated thereunder. We believe that this is acceptable providing the liquids are disposed of in the container in which they were shipped and that these containers meet all applicable Department of Transportation (DOT) Specifications. By assuring compliance with DOT regulations, the "waste stream" (liquid and containers) is rendered not ignitable. We further believe that this complies with the performance criteria set forth in RCRA.

To ensure the success of this procedure, we request that you review the applicable DOT regulations. In order that we may assure full compliance, it is necessary that you sign and return the attached agreement prior to shipments of your first such waste stream. Please note that you will find those applicable DOT sections referenced in the agreement. This agreement is to be signed by all generators and in the event a broker is involved in handling your waste, then the broker must also sign the agreement.

Your cooperation now and when shipping ignitables in the future is and will be appreciated and necessary in order for us to continue to service these types of waste streams.

Sincerely yours,

Gerald J. Raque

Manager

Chemical Sales

GJR:jc

, by its undersigned
(Name of Company)
authorized agent, acknowledges that the containers being
used for shipment of any ignitable liquid waste as defined
in 40 CFR 261.21 Subpart C are to be utilized by Nuclear
Engineering Company, Inc. as a means of rendering that
waste not ignitable prior to landfilling in compliance
with 40 CFR 265.313 Subpart N.
, further acknowledges
that in order for the containers to be used by Nuclear
Engineering Company, Inc. for such purposes, these contain-
ers must meet Department of Transportation Regulations
49 CFR 173.115-173.119 Subpart D for new containers and
49 CFR 173.28 for reused containers.
, certifies and warrants
by its authorized agent that the above referenced regulations
have been reviewed and understood and that all future ship-
ments of containerized ignitable liquids, by
shall be in conformance with these regulations and all other
regulations applicable to the shipment of containerized
ignitable liquids.
Authorized Signature
Title
Data
Date

RETURN COMPLETED FORM TO:

P. O. BOX 7246 LOUISVILLE, KY. 40207



interoffice



National Electronics 9-22-80 U.S. Manufacturing Facilities GENEVA, ILL

from Carl Schoder

ext. 3080

date September 3, 1980

subject Review of Hazardous Waste Management Plans

Corporate Plant Facilities will be visiting all Varian manufacturing facilities during the month of September. The purpose of the visit is to review hazardous waste management plans. This review is being made to facilitate our compliance with the EPA hazardous waste regulations which go into effect on November 19, 1980.

Your cooperation and assistance in making this review will be appreciated. One of the following persons will be scheduling a visit with your facility during the month of September:

- W. Kranzthor
- C. Clemm
- C. Schoder
- E. Wolovich

The attached lists covers the information which is desired.

CS/1s

From Lamout Walker is well in formed and gave me an informative tour. I recommend the following:

1. that the three treatment hargon be forced to prevent unauthorized access.

2. that waste chemical storage areas be improved with concrete slabs and curbs to prevent seconge of spill naterial into the ground

3. That regular (monthly) samples be taken of the influent to logoon No. I to see if it is non-hazardous per EPA definition.

CC: hamout Walker

HAZARDOUS WASTE MANAGEMENT

1.0 Person responsible for hazardous waste management at this facility.

Name: Lamont Wollow
Position: Engineer/safety administrator

- 2.0 Identify present procedures for the following and modifications required for compliance with EPA hazardous waste regulations effective November 19, 1980:
 - 2.1 Labeling of wastes and type of hazards.

Using EPA and DOT below including hozard type.

2.2 Separation and storage of incompatible hazardous waste, e.g. are acids, cyanides, flammables separated.

materials are separated according to computability.

recommend that acids and solvents he stored on

with concrete pads with curbs to prevent accidental

spills into ground.

2.3 Containerizing or packaging per DOT regulations (CFR Part 173).

Use DOT 6D, 37M, 417E obtaining reconditioned draws and reasing compties for some material as received. Noted two instances of draws being used for other than oxiginal material

2.4 Dating all hazardous waste containers as to date generated.

Started dating containers within the last month. Plan to date containers when filled.

2.5 Verification that waste haulers have an EPA Identification Number and any required local or state registration.

NECO los IEPA browner
which report and recommation has IEPA Registration
plan to write the above to allow EPA ID nawless

2.6 Verification that disposal sites have an EPA Identification Number and are complying with local, state, and federal regulations.

some as above; disposer is also hander.

2.7 Use and filing of hazardous waste manifests. Recording of information required, including quantities and types of hazardous wastes generated, to complete EPA Annual Report (Form 8700-13). Does not apply to small generators.

IEPA suggettes want fatt. Files Lept by awant for annual report

2.8 Matching of generator and disposer copies of manifests and follow-up of unmatched manifests per EPA regulations. Does not apply to small generators.

Is presently matching generator and disposer copies. Have not had any problem with un matched manifects

2.9 Preventing the discharge of untreated hazardous wastes to sewer systems.

workers seem well informed on proper disposal. Several waste containers available for disposition of acid and solvent master

- 3.0 Identify present procedures for the following:
 - 3.1 Labeling of PCB transformers and capacitors.

recontly discovered capacitors. I was should solicu-up on the labeling of these capacitors.

3.2 Inventorying of PCB transformers and capacitors.

will identify on inventory of lobeled item whether known or suspect only as to PCB contents.

3.3 Maintaining EPA required records of PCB transformers and capacitors in service and disposed of each calendar year.

1978 and 1979 annual reports on file.

3.4 Disposal of PCB transformers and capacitors in compliance with EPA regulations.

None removed from service. Lamont is aware of proper disposal proceedures.

4.0 Identify present procedures for monitoring local and state hazardous waste regulations.

Lamont is in contact with state and local governments

Should establish a practice of all state and local requests

environmental sorprintering be reviewed by Lamont.

5.0 For facilities which treat, store (longer than 90 days) or dispose of hazardous wastes onsite, have permit applications been received?

Are you aware of requirements to apply for permits by November 19, 1980?

Has received permit application. Should investigate whether influent to lagoon No. 1 is a hazardous waste or not by having several representative samples analyzed.

6.0 Determine if the facility is preparing a written hazardous waste control plan and if plan will include emergency spill response.

has instruction on labeling of kazardens waster will propore general written plan.

Varian / National Division / P.O. Box 269 / Geneva / Illinois 60134 Tel. (312) 232-4300 Twx: 910-237-1685

Varian

May 29, 1980

Ms. Vicki Lenz NUCLEAR ENGINEERING CO., INC. 9200 Shelbyville Road Suite 526 - P. O. Box 7246 Louiseville, Kentucky 40207

Dear Vicki:

Please find attached the Illinois Environmental Protection Agency form application for the removal of our cyanide plating solution. Also attached is a lab analysis of the solution. The data on the lab report includes the percentage of each component in the solution and the PH level.

I have taken the liberty to add the approximate parts per million of each component since I believe you require that information as well.

If you have any questions or require further information before forwarding the application to the I.E.P.A., please call me or Mark Peterson.

Very truly yours,

LaMonte C. Walker

Engineer/Sakety Administrator

o Mark C. Washer

LCW: iem

Enclosures

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	DATE 5/29/80 LPSWC AUTHORIZATION NUMBER TRANS CODE (Agency Us	ED e) / / / / / / / / / / / / / / / / / / /
	WASTE HAULER	
167	HAULER REGISTRATION NUMBER 21 NAME	
• /	ADDRESS COMMUNITY	
	COUNTY STATE ZIP AREA CODE TELEPHONE	
	WASTE GENERATOR	
	CODE 0898990001 G NAME VARIAN/NATIONAL	
	ADDRESS Reslinger ROAD COMMUNITY LA FOX	_
	COUNTY KAWE STATE LL ZIP 60147 AREA CODE 312 TELEPHONE	
	GENERATOR CONTACT NAME MARK PETERSON	
	DUNS NUMBER 00-912-0817 SIC CODE 367300	65
$\frac{2}{6} \frac{0}{7}$	PROCESS NAME PLATING	
• •	WASTE CHARACTERISTICS	•••
	GENERIC WASTE NAME PLATING SOLUTION	
4 0 6 7	IUPAC WASTE NAME	B0
	TOTAL ANNUAL WASTE VOLUME 51	WASTE PHASE 3
	TRANSPORT FREQUENCY MASTE CLASS 1 = CUBIC YARDS (Agency Use) 64 65 2 = GALLONS	1 = SOLID
	I = UNE TIME 5 = MUNIFILY	2 = SEMI-SOLID 3 = LIQUID 4 = GAS
	2 = DAILY 6 = BI-MONTHLY 3 = WEEKLY 7 = QUARTERLY 4 = BI-WEEKLY 8 = SEMI-ANNUALLY	4 * GAS
	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 t	hrough 26):
5 0	INHALATION 3 DERMAL INGESTIVE 3 INSECTIOUS PRACTIVITY 3	EXDI UCTAE
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hecked and Approved by:

ENVIRO-TEST, INC.

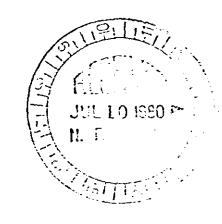
319 OGDEN AYENUE DOWNERS GROVE, ILLINOIS 60515 (313) 963-4672

CERTIFIED LABORATORY REPORT

Attention	MrL	aMonte Walk	er			Date	received	5/14/30
		nal Electro		RIAN/NATI				
Division _						P.O.#		
\ddress _	P.O.	Box 269	(KESLING	ER ROAD	LA FOX	, IL	60147)	
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ertified by	y: R. J. Jakub	I Pho Bras	o Culie	oratory Direct			Date:	5/23/30

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

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JUL 07 1980

VARIAN ASSOCIATES 611 Hansen Way Palo Alto, CA 94303

Attention: Mr. Norman F. Parker, President

In the spring of 1978, the Environmental Protection Agency initiated a survey prior to development of water pollution effluent limitations and standards for the Metal Finishing (Electroplating and Mechanical Products) Point Source Category. It was subsequently found that the evaluation of long-term performance of metal finishing treatment systems requires more extensive monitoring data. Thus, a decision was reached to perform a follow-up survey.

To supplement the data obtained to date, the Agency is requesting submittals of long-term self monitoring data. Specifically, we are asking you to provide to us historical sampling and analysis results of your plant's wastewater streams.

The data submitted should be for all sampling and analysis conducted over the past twelve months of operation and include for each day of sampling:

- 1) Date the day the sample was taken.
- 2) Flow Rate for the date of sampling. If this is not available, an average process water flow rate, during the period (week, month, or year) the sample was taken will suffice.
- 3) If cyanide wastes are treated separately, the percentage of the process wastewater flow which is treated for cyanide.
- 4) Type of Sample grab or composite.
- 5) Effluent Concentrations for all parameters monitored.
- 6) Influent Concentrations if available, data on all parameters monitored into or within the treatment system, and the sampling location.
- 7) If analysis performed on any parameter is done by a method other than an approved EPA method, please indicate.

Generally, these data are reported in aggregate form for State, Federal or municipal requirements. For this follow-up study, however, the individual observations are required for statistical analysis. Thus, we are requesting that you send us a photocopy of your plant's monitoring logs for the last twelve months.

It is important for the Agency to know if there have been any changes in your process or treatment system that might affect the data. If any changes were implemented since your portfolio was submitted in 1978, please provide a brief description and the date of the changes. Any explanations for extremely high or low effluent concentrations would also be helpful.

Thank you for your cooperation with us on this study. We believe that any further data provided by your firm will assist the Agency in setting the most equitable and realistic effluent limitations for your plant's industrial category. Within 30 days from the receipt of this letter, please send all data to:

Mr. Dwight Hlustick Environmental Protection Agency Effluent Guidelines Division 401 M Street, SW (WH-552) Washington, DC 20460

Should you have any questions with regard to this request, please contact EPA's contractor for this study, Mr. Donald Smith of Hamilton Standard, Windsor Locks, Connecticut at (203) 623-1621 extension 4868.

Sincerely yours,

Robert B. Schaffer

Director

Effluent Guidelines Division

(WH-552)

cc: Donald Smith

Hamilton Standard

August 26, 1980

Mr. Dwight Hlustick Environmental Protection Agency Effluent Guidelines Division 401 M Street, SW (WH-552) Washington, DC 20460

Re: U.S. Environmental Protection Agency

Metal Finishing Point Source Category Survey

Dear Mr. Hlustick:

The enclosed data is submitted in reply to EPA letter from Robert B. Schaffer to Norman Parker dated July 7, 1980, requesting sampling and analytical data for the development of water pollution and effluent limitations and standards for metal treatment systems.

Varian Associates has eight operations which submitted in 1978 information in response to an EPA survey. The present submittal is divided into one section for each operation. However, four of these operations share wastewater treatment facilities. Where facilities are shared, effluent data is not duplicated, but reference is made to the appropriate section.

Specifically, CTC, a subsidiary of Varian Associates, Inc., shares wastewater treatment facilities with the Eimac Division at San Carlos, California. The Microchannel Plate Operation shares wastewater treatment facilities with the Palo Alto Microwave Tube Division at Palo Alto, California.

As requested in Paragraph 2, Page 2, of the EPA Letter, any changes in electroplating processes are reflected in the appropriate section of this submittal.

Varian Associates, Inc., considers this report to contain proprietary information. Such information is not to be disclosed or released publicly without express prior written approval of Varian Associates, Inc., in accordance with provisions of 40 CFR Part 2, Subpart B, 41 Federal Register, dated September 1, 1976.

It is our desire to submit a thoroughly responsive reply. If there are any questions or comments in regard to any of the operations or if any clarification is necessary, please feel free to contact me.

Sincerely,

Milton & Sugal / jmth

Director, Product Regulatory Affairs

CS/1s

Enclosures: "Information on self-monitoring data of Electroplating Wastewater Streams."

Enclosures:
(Cont.)

Palo Alto Microwave Tube Division/MCP Operation (Bldg. 2), Palo Alto, California; Instruments Division (Bldg. 4), Palo Alto, California; Eimac Division (Eimac and CTC), San Carlos, California; National Electronics Division, Geneva, Illinois; Varian Associates, Beverly Division, Salem Road, Beverly, Massachusetts; Eimac Division, Salt Lake City, Utah.

Prepared for the United States Environmental Protection Agency submitted by Varian Associates, Inc., 611 Hansen Way, Palo Alto, California, 94303, August 25, 1980.

cc: Cover letter only not including extensive enclosure.

N. Parker, Varian

W. Kranzthor, Varian

C. Johnson, Varian

R. B. Schaffer, USEPA

D. Smith, Hamilton Standard

INFORMATION ON SELF-MONITORING DATA OF ELECTROPLATING WASTEWATER STREAMS

Prepared for UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Submitted by

Varian Associates, Inc.

611 Hansen Way

Palo Alto, California 94303

August, 1980

Varian Associates, Inc., considers this report to contain proprietary information. This information is not to be disclosed or released publicly without prior written approval of Varian Associates, Inc., in accordance with the provisions of 40 CFR Part 2, Subpart B, 41 Federal Register, dated September 1, 1976.

Enclosures: (Cont.)

Palo Alto Microwave Tube Division/MCP Operation (Bldg. 2), Palo Alto, California; Instruments Division (Bldg. 4), Palo Alto, California; Eimac Division (Eimac and CTC), San Carlos, California; National Electronics Division, Geneva, Illinois; Varian Associates, Beverly Division, Salem Road, Beverly, Massachusetts; Eimac Division, Salt Lake City, Utah.

Prepared for the United States Environmental Protection Agency submitted by Varian Associates, Inc., 611 Hansen Way, Palo Alto, California, 94303, August 25, 1980.

cc: Cover letter only not including extensive enclosure.

- N. Parker, Varian
- W. Kranzthor, Varian
- C. Schoder, Varian
- R. B. Schaffer, USEPA
- D. Smith, Hamilton Standard

INFORMATION ON SELF-MONITORING DATA OF ELECTROPLATING WASTEWATER STREAMS

Prepared for UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Submitted by
Varian Associates, Inc.
611 Hansen Way
Palo Alto, California 94303

August, 1980

Varian Associates, Inc., considers this report to contain proprietary information. This information is not to be disclosed or released publicly without prior written approval of Varian Associates, Inc., in accordance with the provisions of 40 CFR Part 2, Subpart B, 41 Federal Register, dated September 1, 1976.

interoffice



to: Ed Wolovich

from : L.C. Walker

ext. 202

date: August 15, 1980

subject: Supplement to Special EPA Effluent Monitoring

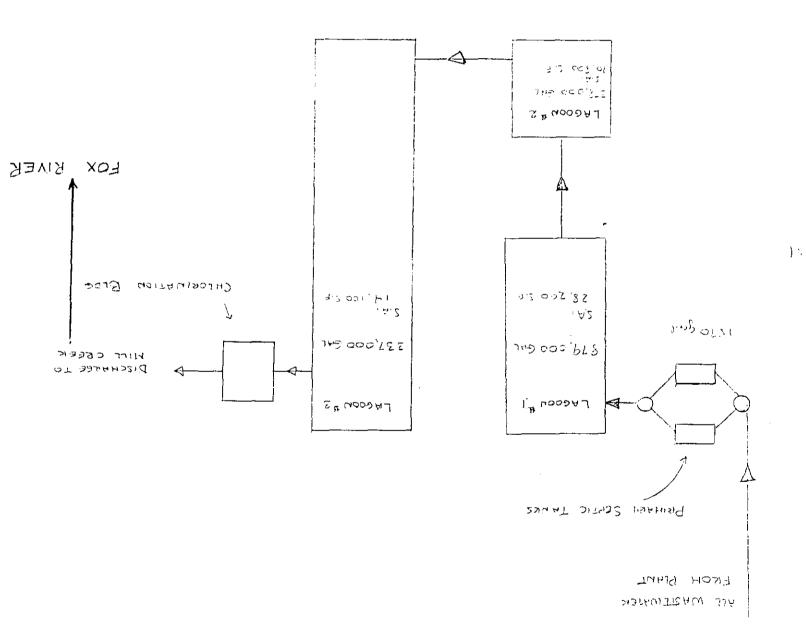
Data Ref. Tele. Call 8.15.80

All waste water leaving the facility goes into the settling tanks (see attached) and then through the three (3) lagoons swwage system. The waste water goes through chlorination before being discharged to Mill Creek. The waste stream eventualy enters the Fox River.

Analytical testing: All methods of sample collection preservation and analysis are in accord with those prescribed in "Standard Methods for the Examination of Water and Waste Water". 13th Edition.

LCW/le Attached

FRONMENTAL PROTECTION AGENCY WATER QUALITY	D WASTE TREATME	P'Y	VISION OF WATER PO	ILLUTION CONTROL
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45 - 48	MANGANESE	0 0 4	COLOR (UNITS)	59 - 62
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TEMINE DRAINAGE OR WASTE RESTRET OR TYPE UNKNOWN SIGN BELOW FOR EFFLUENT SAMPLE TRANSPORTED BY TRANSPORTED BY RECEIVED BY	· · · · · · · · · · · · · · · · · · ·	DATE MEC D 9-/9 DATE ANALYSES COM DATE MESULTS FORM YOTAL TESTS RESULT LAG SECTION D.M.	PKROWLES -77 TIME RECTO PRETER 9-1-7 PAROED 9-2-7 PATED 14 CLARA SUPER	10:15 7 Naughertag



interoffice



to Ed Wolovich

from LaMonte Walker

ext. 202

date August 7, 1980

subject Special EPA Request Effluent Monitoring Data

Enclosed please find the information Carl Schoder requested. In reference to item #3 of Carl's memo (explanation of any changes in our electroplating processes or waste water treatment since 1976), we no longer neutralize the waste water with caustic. This is due to the fact that we have significantly reduced the amount of acids used in our etching stations. The reduction of acids is the result of acid recirculation systems as well as discontinuing certain product types.

I have enclosed a copy of our electroplating operations that we submitted in 1978 with current information noted on it where there have been changes.

If you have any questions or require further information, please contact me by August 15 th as I will out of the plant the following two weeks; or contact Harry Haase at 312/232-4300 ext. 237 after the 15 th.

LCW/dw

Enclosure

Monitoring Data Covering Period from 7/1/79 to 6/30/80

	<u>.</u>	- A - A			LECTRUP	LATING	UPERATIO	ON EFFLUE	NI/INEL	UENT DAT	1 A -				
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			Jump	2	BOD	TSS	NH3 (N)	F. Col.	рН						Analysis
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7/25/79	.002		Х		1	14	0.26	20	7.0		<u> </u>	,			EPA
8/20/79	.0036		Χ		2.1	65	.04	1600	7.4				<u> </u>	<u> </u>	
9/12/79	.003		Х		2	23	0.22	10	7.0						EPA
10/22/79	.005		χ		4	12	0.26	10	8.2						EPA
11/27/79	.004		χ		. 1	35	1.9	20	8,6		<u> </u>				EPA
12/17/79	.002		χ		3	60	1.1	10	8.8			<u> </u>			EPA
1/23/80	.003		χ		39	60	1.2	20	7.6						EPA
2/26/80	. 007		Χ		54	26	2.1	20	7.2			ļ			EPA
3/24/80	.007		χ		60	68	1.3	20	7.8						EPA
4/17/80	.007		Χ		31	49	0.76	20	8.4						EPA
5/29/80	.004		Х		17	36	0.35	20	8.4						EPA
6/23/80	.004		χ		6	6	0.13	20	8.8						EPA
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	 									1		<u> </u>			

Use separate sheet for each effluent or influent.
 Indicate whether time proportional (TP) or flow proportional (FP)

Prepared By Lamont Walker

IDENTIFICATION CODE FOR EFFLUENT PARAMETERS DISCHARGE MONITORING REPORT-VARIAN/NATIONAL

50050 - Flow in MGD

 $00310 - B0D_5$

00530 - Total Suspended Solids

00610 - Ammonia as Nitrogen

31616 - Fecal Coliform

00400 - pH

00010 - Temperature

00300 - Dissolved Oxygen

DISCHARGE 001

	7/5/20	7.1/73	7/18/29	7/25/79	# /
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PH		(7.0	7.0	7.0	

DISCHARGE 002.

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TEMP					

DISCHARGE 003

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TEMP.		24.4	23,3	= 4.4	



R. J. Jakubiec, Pho.

Checked and Approved by:

President and Laboratory Director

ENVIROCEST, INC.

319 Ogder Avenue

Downers Grove (nois 60515 2 3 4 672

*			LABORATO	RY REPORT								
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Atkalinity, total, as CaCO3				Nickel					The state of the s			
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Arsenic				Nitrogen, organic, as N								
Barium				Nitrogen, total, as N								
Beryllium				Nitrate, as N								
Bicarbonate		{ -		Nitrite, as N								
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Boron				Phosphate, total, as PO4				T				
_ ^ rnmide				Potassium				I				
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.m				Silica, as SiO2								
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Chlorinated Hydrocarbons Chlorine		 		Solids/Residue, total Solids, dissolved (filterable	., 			-				
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VARIAN/WATTERCAL
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GENEUA ILL 6030

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PERMIT NUMBER

REPORTING PERIOD: FROM

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(17-19)

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MO DAY LATITUDE

TO

126-27: 128-29: 130-31)

71910171311

YEAR MO DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION". in the units specified for each parameter as appropriate. Do not enter values in boxes containing usterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM"

and "MINIMUM" are extreme values observed during the reporting period. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
permit conditions in the columns labeled "No. Ex." If none, enter "O".

4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equiva-

lent to I analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".

6. Appropriate signature in required on bottom of this form.

7. Remove unibon and retain copy for your records. 8. Fold along dutted lines, staple and muil Original to office specified in permit.

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OEB ENGAR	OF CONTINE ALMANCE			C15016	report and that to the best of my knowledge and belief such information is true, complete, and accurate.						JRE OF PRINCIPAL EXECUTIVE CER OR AUTHORIZED AGENT		

PA Form 3320-1 (10-77)

VHIZIAN/NATIONIC Box 269 General ILL G0134

4-162

PERMIT NUMBER

REPORTING PERIOD: FROM

aa24333

INSTRUCTIONS

				Provide dates for perior Enter reported minimum in the units apecified
				asterisks. "AVERAGE and "MINIMUM" are e
			3.	Specify the number of a permit conditions in the
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MO DAY

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DIS

(28-27) 128-291 (30-31) 719 017 TO YEAR MO DAY

od covered by this report in spaces marked "REPORTING PERIOD".

m, average and maximum values under "QUANTITY" and "CONCENTRATION" i for each parameter as appropriate. Do not enter values in boxes containing
"I's average computed over actual time discharge is operating. "MAXIMUM" xtreme values observed during the reporting period

analyzed samples that exceed the maximum (and/or minimum as appropriate) he columns labeled "No. Ex." If none, enter "O".

Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to I analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "___hr. composite") as applicable. If frequency was continuous,

enter "NA"

6. Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit,

PARAMETER	T	(3 card only) (38-45)	QUANT	TTY (5461)		162-63)	(4 card only) (38-45)	CONCENTS (40-83)	RATION 184-613		102-63	FREQUENCY OF	SAMPLE
	<u> </u>	MENIMUM	AVERAGE	MAXIMUM	UNITS	NQ.	мимим	AVERAGE	MUMIKAM	UNITS	NO.	ANALYSIS	TYPE
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	REPORTED			•									
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NAME OF PRINCIPAL EXECUTIV	E OFFICER	TITLE	OF THE OFFICER		DATÈ			lier with the Infor			16	1.	٠ * - غ م
OER ENGENE	{ ~	<u>OPERAL</u>	MALS PARAMA	CCC 719	01X C16	report matio	and that to the b	est of my knowled, e, and accurate.	ge and belief such	Infor 50	GNATUI	RE OF PRINCIPA	L EXECUTIVE

YEAR NO DAY

180-201

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VALLIAN/ WATENING
BOX 269
GENEUIT ILL 60134

1 32-371

1A Form 3320-1 (10-72)

INSTRUCTIONS

			.]
(4-14)	(17-19)		
002/353	203		
PERMIT NUMBER	<u>(1)</u> (1)	LATITUDE	LONGITUDE
	123-211 122-221 124	2N) 126-271	(28-29) (20-31)
REPORTING PERIOD: FROM	79070	1 10 79	07311

MO DAY

1. Provide dates for period covered by this report in spaces merked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION". in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXDAUM"

and "MINIMUM" are extreme values observed during the reporting period.

3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

tent to Janilyses performed every 7 days.) If continuous enter "CONT."

Specify sample type ("grah" or "__hr. composite") as applicable. If frequency was continuous, enter "NA". 4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is aculta-

6. Appropriate signature is required on bottom of this form.

7. Remove curbon and retain copy for your records.

8. Fold along dutted lines, staple and mail Original to office specified in permit

	132-371 RAMETER		(3 card only) (38: 45)	QUANT	TY 8491		(62-63)	(4 card only) 38-45	CONCENT	RATION 154-8 IF		182-537	FREQUENCY OF	EAMPLE
			MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MUMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE
		REPORTED	0	.0027	. 60A .		0						1/2	642
5	0050	PERMIT	_	-	<u> </u>	MGD							1/1	F (F
		AEPORTED	23.3	24.3	24.4	6.	0						1/1	528
₹100g	0/6	PERMIT CONDITION			37.72	G				·			11-1	61
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		PERMIT				7			7-7-					
; ;		REPORTED									• 1			
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NAME OF F	RINCIPAL EXECUTI	VE OFFICER	TITLE	OF THE OFFICER	· 	DATE	1 000	ily that I we for	iliar with the info	matuun contained	in this	16	1/1/00	
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LAST	FIRST			TITLE	YEAR	MD DAY	L					JF FICE	A OR AUTAUNIZ	ED NOCH I

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BC20KTLL BERIOD \$1-77 .TO 7-12-79



ENVIRO LEST, INC.

319 Ogder 'enue Downers Grove, nois 60515 (312) 963-4672

LABORATORY REPORT

•		LABOR	ATONT REPORT				
Attention <u>Mr. H.</u>	Haase			ate receiv	ed <u>3</u>	/21/79	
Company Nationa	l Electr	ronics		ate compl	eted 3,	/29/79	
Division			1112	.O.#			
Address P.O. Bo	× 260		•				in wanted to the state of the state of the state of
	<u>x 209</u>						
City Geneva			_ State <u>Illinois</u>	Zip <u>605</u>	15		
Analysis # B6595		ample Identification at sample for G	coliforms and waster	vater t	ests.	Date	
	+						
Comments:							
SAMPLE	, 6595	T I	SAMPLE	6595	<u> </u>	<u> </u>	
Acids, Organic & Volatile			Manganese				
Acidity, as CaCO3	-		Mercury, ug/1 (ppb)		.	1	Manager 199
Alkalinity, phthln, as CaCO; Alkalinity, total, as CaCO3	3		Molybdenum Nickel		-	 	
Aluminum	 		Nitrogen, ammonia, as N	.40			to the second se
Arsenic			Nitrogen, organic, as N		1		그 첫살로 뚫고 나왔다고 있다.
Barium			Nitrogen, total, as N				
Beryllium			Nitrate, as N				
Bicarbonate	1		Nitrite, as N		 	 	
BOD, 5 day	21		Phenois		1	 	
Bismuth Bismuth			Phosphate, soluble, as PC		·	 	
Boron			Phosphale, total, as PO4		1	† <u>-</u> †	
10			Potassium				and the second s
<u>n</u>	ļ		Selenium				
Calcium	++		Silica, as \$102		·		
Carbon Dioxide, free	 		Silver		 		
Chloride Chlorinated Hydrocarbons	 		Solids/Residue, total		 	1	
Chlorine			Solids, dissolved (filterable)				
Chromium			Solids, fixed				
Chromium, nexavalent			Solids, settleanle				
Cobalt	 		Solids, suspended (non-fill Solids, volatile	<u>65</u>		ļ	
Color, Co/Pt units	 		Specific gravity		ļ	 	
Conductivity	 		Strontium		 	 	
Copper	† · · · · · · · · · ·		Suttate, as SO ₄				
Cyanide, free			Sullide, as S				
Cyanide, total	1		Sulfite, as SO ₂				
Dissolved Oxygen	-		Surfactants, MBAS	_		ļ	
EDTA Fluoride			Turbidity	 -	 	 1	
Grease & Oil			Vanadium		f	 	
Hardness, total, as CaCO3			Zinc		1		
Hydrocarbons			Other:				
iron			Fecal Coliforms	over	1600		
iron, Dissolved	 		per 100ml.		1	 	The second secon
Lithium	 				 	 	
Magnesium	 				 	 	
		L DESIJI TS IN mg/1	UNLESS OTHERWISE NO	TED	_	<u> </u>	Charles and the first and the
	AL	LE RESULTS IN MIGH	ONLESS OTHERWISE NO	160			
Testing is in accordan	ice with pro	ocedures outlined in	:				
***1. Standard Me	ethods for t	the Examination of t	Water and Wastewater , A	NPHA-AW	WA-WP	CF,14th ed., 1	976
2. Methods for	Chemical	Analysis of Water a	nd Wastes, EPA, 1974 .				
3. "Water, Atmo	uspneric Ar	naiysis', Part 31, A	STM Standards, 1976.				
	7.	1 1					
e d by:		nie Lie		1	Date: 3	/29/79	
R. J. Jaki	ubiec. ⁱ PhD	, President and Lab	oratory Director		<u>-</u>	· · · · · · · · · · · · · · · · · · ·	_
	1.1	,					हिंदुसम्बद्धाः कार्याः । । अस्ति अस्ति प्राप्ताः । ।
Checked and Approved	ط by: الله الم				Date:		

VARIAN NATIONAL BOX 269 GENEUA ILL

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2 · 30	(4-10)	(17-19)		
12	0024333	co3		
5 1	PERMIT HUMBER	DIS SIC	LATITUDE	LONGITUDE
,	REPORTING PERIOD: FROM	717018011	10 7 7 0	9 311
	(92- 17)	YEAR MO DAY	YEAR M	O DAY

INSTRUCTIONS

- 1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- Provide dates for period covered by this report in spaces market. REPORTING PERIOD.
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- 3. Specify the number of enalyzed samples that exceed the maximum (end/or minimum as appropriats) permit conditions in the columns labeled "No. Ex." If none, enter "O".
- 4. Specify frequency of analysis for each purameter as No. analyses/No. days. (e.g., "3/7" is equive-
- lent to 3 analyses performed every 7 days.) If continuous enter "CONT."

 5. Specify sample type ("grab" or "____hr. composite") as applicable. If frequency was continuous, enter "NA".
- 6. Appropriate signature is required on bottom of this form.
- 7. Remove carbon and retain copy for your records. B. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER	i	(3 card only)	QUANT	11 TY (64-6 U	.,	162-63	(4 card only)	CONCENT	RATION	, <u> </u>	_[02-53	FREQUENCY	SAMPLE
		MUNIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE
بر يب	REPORTED	.004	.0044	.005		0						1.7	61.
50050	PERMIT CONDITION	_	_		MGO					1		1/7	G£.
	AEPORTED	22.5	23.4	24.4	ه	0						117	66
00010	PERMIT CONDITION			32.2] C					1		1/7	GE
	REPORTED												
	PERMIT				1	1							
	REPORTED				·						-		
	PERMIT CONDITION												
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C FUGENC		ĺ	ACAMIA C	** { * 1	ONTE CID CIC.	repor		ifiar with the info jest of my knowled te, and accurate.		r intor-		HE OF PHINCIPA	

VARIAN NATIONAL Box 269 GENEUN ILL INSTRUCTIONS 1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD". 2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing anterisks. "AVERAGE" is average computed over actual time discharge is operating, "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period. 0074333 Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
permit conditions in the columns tabeled "No. Ex." If none, enter "O". DIS SIC LATITUDE LONGITUDE Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is aguivelent to 3 analyses performed every 7 days.) If continuous enter "CONT." (20-21) (22-23) (24-25) (28-27) (28-29) (30-31) Specify sample type ("trab" or "__ hr. composite") as applicable. If frequency was continuous. enter "NA". REPORTING PERIOD: FROM 790801 τo 719 Old Appropriate signature is required on bottom of this form. Remove carbon and retain copy for your records. MO DAY YEAR MO YFAR DAY 8. Fold along dutted lines, staple and mail Original to office specified in permit, 132-371 CONCENTRATION (4 card only) (1 sard only) QUANTITY FREQUENCY SAMPLE 138-451 (54-61) (62-83) | 38-451 PARAMETER O.F. NO. NO. MINIMUM AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS TYPE EX ANALYSIS FY REPORTED 0 60 0 \circ \mathcal{C} 53050 MGD PERMIT 60 CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT COMPITION NEPORTED PERMIT CONDITION RECORTED PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT NAME OF PRINCIPAL EXECUTIVE OFFICER TITLE OF THE OFFICER DATE I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such infor-71910191016 SIGNATURE OF PRINCIPAL EXECUTIVE motion is true, complete, and accurate.

YEAR MO DAY

VHICHN/ NATIONAL
BOX 269
CENEUM ICL 60/34

INSTRUCTIONS

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[4-14]	117-101		
24333	hor		
RMIT NUMBER	DIS SIC	LATITUDE	LONGITUDE
	(20-21) (22-23) (24-28)	12d·271 12e	-251 (30-31)
REPORTING PERIOD: FROM	7 9 0 8 0 1 /	TO 719 0	8 3 1.

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" In the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXDUM" and "MINIMUM" are extreme values observed during the reporting period.
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 permit conditions in the columns labeled "No. Ex." If none, enter "O".
- 4. Specify frequency of analysis for each perimeter as No. enalyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."

 5. Specify simple type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
- 6. Appropriate signature is required on bottom of this form.
- 7. Remove carbon and retain copy for your records.
- 8. Fold along dutted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) (36-45)	QUAN'	(UTY (U4-6-1)		(62-83	(4 card only) (36-45)	CONCENT (48-83)	RATION	,	(82 5)	FREQUENCY OF	SAMPLE
		MINIMUM	AVERAGE	MUMIXAM	UNITS	NO. EX	MINIMUM	AVERAGE	MUMIXAM	UNITS	NO. EX	ANALYSIS	TYPE
	REPORTED	.003	.0036	200.		0						1/7	Ge.
50050	PERMIT CONDITION	_		_	MGD							1/7	(-1
	REPORTED								21		0	1/.	1-1
00310	PERMIT CONDITION							-	2 -	HGL		1/200	1000
- · · · · · · · · · · · · · · · · · · ·	REPORTED						•	-	651		1	1). 1	· •
00530	PERMIT CONDITION						_		Jo.	MGL		1/20	(-1
	REPORTED						_	_	0,4		0	125	4.
00616	PERMIT CONDITION				<u> </u>			-	1.5	MGL		1120	/- a
	HEPORTED						_		1600	H/100	1	1100	1,50
31616	PERMIT								1400	ML		1/20	
	ACPORTED	7.0	7.3	7.6	SMND.	0						432	(-4)
MAYOU	PERMIT CONDITION	6.0	_	9.0	UNIT							1/20	Gr
	REPORTED		1										
•	PERMIT CONDITION				_			-	<u> </u>				
,	REPORTED												
	PERMIT CONDITION												
AME OF PRINCIPAL EXECUTIV	-		OF THE OFFICER		DATE				mation contained i	in this	Has	1.7 16	o d
ER EUGENE	Æ MI	01.62.1	TITLE	4 ZIZ	[9]9]0]6		and that to the i		це ина вентя гися	51		RE OF PRINCIPA ER OH AUTHORIZ	

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DISCHARGE 6002

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			22		2015. 20105
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DISCHARGE

Beently Decree 9-1-19 TO 0-1-7



ENVIROCEST, INC.

319 Odder 'venue Downers Grove, onis 60515 (312) 963-4672

LABORATORY REPORT

			LADONA					
Attention Mr. H.	<u>Haase</u>				Date receive	-d _	9/18/79	
Company <u>Nationa</u>	l Elec	tronics	·		Date comple	ted	9/26/79	
Division					P.O.#	_	72595	
Address P.O. 30	x 269_							
City <u>Geneva</u>				State <u>Illinois</u>	Zip 601	34		
Analysis #	T .	Sample Id	entification				Date	and the supplied a supplied of the following of the supplied of the supplied of the supplied of the supplied of
B6943	Sampl	e for v	astewater	and coliforms	tests.			
·	ļ					_		
	 							
*·	<u> </u>					L		•
Comments: LT me	ans le	ss than	1.					A Charles Continued and American
SAMPLE	16943			SAMPLE	16943	Γ		
Acids, Organic & Volatile				Manganese				
Acidity, as CaCO3				Mercury, ug/1 (ppb)			,	
Atkalinity, phthin, as CaCO3				Molybdenum				
Alkalinity, total, as CaCO3				Nickel		ļ		The state of the s
Aluminum		 		Nitrogen, ammonia.		ļ	<u> </u>	
Arsenic				Nifrogen, organic, as Nitrogen, total, as N	N .	 	 	
Barium Beryllium				Nitrate, as N		 		
Bicarponate		-		Nifrite, as N		-	 	
BOD, 5 day	2		1	рН				
BOD, ultimate				Phenois				
Bismuth				Phosphate, soluble, a				
Boron		\longrightarrow		Phosphale, total, as F	PO4			
- 1e		+		Potassium			<u> </u>	
7				Selenium Suiga as Bina			 	
Carbon Diovide free				Silica, as SiO2			 	
Carbon Dioxide, free Chloride				Sodium				
Chlorinated Hydrocarbons				Solids/Residue, total			 	and the second s
Chlorine				Solids, dissolved (fitter	rable)			
Chromium				Solids, fixed			,	• •
Chromium, hexavalent				Solids settleable				and material case proofing to
Cobalt				Solids, suspended (no	2n-filt.) 23		ļļ	
COD Color, Co/Pt units				Specific gravity			· · · · · · · · · · · · · 	A THE STATE OF THE
Conductivity				Strontium			 	
Copper				Sulfate, as SO ₄			†····	
Cyanide, free				Sulfide, as S				
Cyanide, total	-			Sulfite, as SO2				
Dissolved Oxygen				Surfactants, MBAS				
EDTA				Tin				
Fluoride Grease & Oil				Turbidity Variadium			+	
Hardness, total, as CaCO3		-		Zinc			 	
Hydrocarbons				Other:				
tron				Fecal Colifo	rms LT 10	· ·		
Iron, Dissolved				per 100 mls				
Lead .				_			 	
Lithium							 	
Magnesium	1			_11			1. 1	A the state of the same and the same of
2. Methods for (e with p hods for Chemical	rocedures the Exan Analysis	outlined in: nination of W of Water and	JNLESS OTHERWISE <u>later and Wastewater</u> <u>J Wastes</u> , EPA, 197 <u>FM Standards</u> , 1976.	_, APHA-AW\ 4 .	VA-WP	CF,14th ed., 1976	
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Checked and Approved	pa:				U	ite:	-	_

VARIAN NATIONAL 130x 269 GENEUR 16 60134

t 4- 181 0024333 PERMIT NUMBER DIS S†Ç LATITUDE LONGITUDE 120 - 217 122-231 124-25 (26-27) (28-29) (30-31) 171910191011 719019 310 REPORTING PERIOD: FROM TO MO YEAR YEAR MO DAY

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTSTY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asteriaks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
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- 4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" to equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."

 5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous,
- enter "NA".
- Appropriate signature is required on bottom of this form.
- 7. Remove carbon and retain copy for your records.
- 8. Fold along dutted lines, staple and insil Original to office specified in permit,

PARAMETER		(3 ceed only) (38-45)	QUAN1	1TY 54-61/		162-63	(4 card only) (38-45)	CONCENT!	RATION		(62-63)	FREQUENCY OF	SAMPLE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MUMIXAM	UNITS	HO. Ex	ANALYSIS	TYPE
	AEPORTED	,00≤	.005	.005		0						1/7	GP_
50050	PERMIT CONDITION		_	_	MGD							47	612
	REPORTED	16.6	20.3	23.8	•	0						IJη	(F)-
	PERMIT CONDITION			32.2	C							1(7	G#L
	REPORTED												
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E EUGEAUE	F.	OPER.	MADIAGE	215	9/10/019		and that to the to its to its true, complete	ioxt of my knowled e, and accurate.	no and belief such	infor-	SIGNATU	RE OF PRINCIPAL	LEXECUTIV

VARIAN/ NATIONAL Box 269 GENEVA IL 60134 INSTRUCTIONS 1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD". 2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing 14-167 (17-10) asterisks. "AVERAGE" is average computed over actual time discharge is operating "MAXISTUM" and "MINIMUM" are extreme values observed during the reporting period. 14 0024333 Specify the number of analyzed samples that exceed the muzimum (and/or minimum as appropriate)
permit conditions in the columns labeled "No. Ex." If none, enter "O". 002 ST PERMIT NUMBER DIS SIC LATITUDE LONGITUDE Specify frequency of analysis for each purumeter as No. analyses/No. days. (e.g., "3/7" is equivelent to 3 analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grah" or "___ hr. composite") us applicable. If frequency was continuous, enter "NA". 120-211 122-29 124-28 (26-27) (28-29) (30-31) 0|3|3|0 REPORTING PERIOD. FROM 719019 Appropriate signature is required on bottom of this form. τo Remove carbon and retain copy for your records, YEAR МО MO DAY 8. Fold along dotted lines, startle and mail Original to office specified in permit. 132-371 148-701 CONCENTRATION (84-83) (84-91) () card only) (d card only) QUANTITY FREQUENCY SAMPLE 1 46 - 5 31 18461) 138-451 (62-63) (38-49) 162-63 PARAMETER OF NO. NO. AVERAGE TYPE MINIMUM MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX EX ANALYSIS REPORTED GR 1/7 0 \bigcirc O 0 50050 MGD PERMIT 66 CONDITION REPORTED 0 0 64 00010 PERMIT 1/7 6-12 CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CORDITION REPORTED PERMIT CONDITION REPORTED PENMIT CONCITION NAME OF PRINCIPAL EXECUTIVE OFFICER TITLE OF THE OFFICER DATE I certify that I am familiar with the information contained in this 4-lanny LOER EUGGNE P report and that to the best of my knowledge and belief such infor-SIGNATURE OF PRINCIPAL EXECUTIVE HUNDAGGR 719 110019 mation is thre, complete, and accurate. OFFICER OR AUTHORIZED AGENT YEAR MO

CPA Fe.m 3320-14

VARIAN NATIONAL Pox 269 Gensum 112 60124

INSTRUCTIONS

L					
12-31	14-16)	(17-19)			
IL.	OOZ4333	<u>201</u>	LATITU	DE LONGITUDE	
<u>L</u>	PERMIT ROMBER		<u> </u>		لــا
		120-21/ 122-23/ 124-25/	(29	-27) (24-29) (30-31)	
	REPORTING PERIOD FROM	719019011	TO 7	19 019 310	
		YEAR MO DAY	YE	AR MO DAY	

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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 Specify sample type ("grab" or "____ hr. composita") as applicable. If frequency was continuous,
- enter "NA"
- 6. Appropriate signature is required on bottom of this form,
- 7. Remove carbon and retain copy for your records. 8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 cerd only)	QUANTI (46-53)	TY (54-61)		(62-63-	4 card only) 38-452	CONCENT	RATION 184-81)		167-635	PREQUENCY OF	(68-70) SAMPLI
· · · · · · · · · · · · · · · · · · ·		мінімим	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO.	ANALYSIS	TYPE
	REPORTED	.003	.6035	.004		o						1/7	G.C.
50050	PERMIT CONDITION				Med					Ī		117	GR.
	REPORTED								2		0	1/30	SK
00310	PERMIT CONGITION								25	MGL		1130	GC
	REPORTED								7.3	٥	1(2,0)	GP	
00530	PERMIT CONDITION								30	MGL		113.	GAC
	REPORTED								0.22		0	1/2.65	G-K
00610	PEHMIT CONDITION								1.5	MGL		1(20)	(નેવડ
	ALPORTED							-	< 10	N/100	0	1/300	GK
31616	PERMIT CONDITION						_	-	400	HL		1/300	(4 2
	REPORTED				STAND	0						1/7-0	68
00400	PERMIT CONDITION	6.0	_	9.0	UNIT							430	6.02
	REPORTED												
3	PERMIT CONDITION										-		
	REPORTED												
	PERMIT CONDITION				7								
NAME OF PRINCIPAL EXECUT	IVE OFFICER	TITLE	OF THE OFFICER		DATE	l certi	ly that I am lami	liar with the info	mation contained	in this	bu	· lha.	
ED EUGENE	F.	OPER H	114-WHGO-R	719	1007		and that to the b		lge and heliel suc	h infor∙ 	GNATU	RE OF PRINCIPA	
7 7 185T	мі.	<u> </u>	ICILE	TEAR								PJ) OF



ENVIRO TEST, INC.

319 Ogder *venue Downers Grove, (101s 60515 (312) 963-4672

		LA	BORATO	DRY REPORT				
Attion <u>Mr. H.</u>	. Haase			Da	te receive	d <u>10</u>	/23/79	
Company <u>Natior</u>	nal Elect	tronics		Da	te complet	ted 10	/30/79	
Division				P.0		_	595	
Address P.O. I	3ox 269							
City <u>Genev</u>	3		S1	tate <u>Illinois</u> Zi	p601	34		
Analysis #	Sam	nple Identifica				1	Date	
B7318				and coliform test	s.		Date	ETELLIS OF THE POST TOTAL AND AND THE POST OF THE SECOND SECOND
								A. C.
Comments: LT mear	ns less t	then.						
SAMPLE	7318			SAMPLE	17318 1			
Acids, Organic & Volatile				Manganese				
Acidity, as CaCO3				Mercury, ug/1 (ppb)				
Alkalinity, phthin, as CaCO3 Alkalinity, total, as CaCO3				Molybdenum Nickel	ļ			
Aluminum			· · · · · ·	Nitrogen, ammonia, as N	0.26			the state of the s
Arsenic				Nitrogen, organic, as N	14.20			
Barium				Nifrogen, total, as N				
Beryllium				Nitrate, as N				
Bicarbonate BOD: 5 day				Nitrite, as N	{ {			
BOD, ultimate	4		-	Phenois	†			
Bismuth				Phosphate, soluble, as PC4				
Вогол				Phosphate, total, as PO4				
, amide				Potassium	ļ			
A Cansum				Selenium Silica, as SiO2	 			and the second s
Carbon Dioxide, free				Silver	 			
Chloride				Sodium				
Chlorinated Hydrocarbons				Solids/Residue, total	<u> </u>			
Chlorine Chromium				Solids, dissolved (filterable) Solids, fixed	 		 	ા હું કહિતોનો પ્રાપ્ત તુવા કરિયોની તે છે. જે છે છે
Chromium, hexavalent			-	Solids settleable	 			
Cobalt				Solids, suspended (non-filt.)	12			
COD				Solids, volatile				
Color, Co/Pt units				Specific gravity Strontium	 		<u> </u>	
Conductivity Copper				Sulfate, as SO ₄	 		 	
Gyanide, free				Sulfide, as S				
Cyanide, total				Sulfite, as SO2				- 얼마 그렇게 느꼈다는데 그는 다
Dissolved Oxygen				Surfactants, MBAS	J			
EDTA Fluoride				Tin Turbidity	 			
Grease & Oil				Vanadium	 			
Hardness, total, as CaCO3				Zinc	<u> </u>			
Hydrocarbons				Other:				
Iran				Fecal coliforms per 100 mls.	LT 10		 	– Šaga Tieras var razpė t, kai tai siri
tron, Dissolved				per 100 mis.	<u> </u>	_	· · · · · · · · · · · · · · · · · · ·	All the second s
Lithium								A second
Magnesium								
	e with proc hods for the Chemical Ar	edures outline e Examination nalysis of Wat	ed in: of Wat er and	er and Wastewater , AP Wastes, EPA, 1974 . 1 Standards, 1976 .		/A-WP(CF,14th ed., 1976	
((-1/2	/ ~ ~ / ~	_		10/20/20	
∖ ∋d by:	niac PhD I	President and	1 abors	Ary Director	Da	ite:	10/30/79	
		riesipent and)	ory prector	Dэ	te:		All the state of the second se
Checked and Approved	υγ:							

DISCHARGE 001

ρH	FECAL COL	AMMONIA ON	Sus. Sours	8005	FLOW	
7.0					.004	10/4
7.7					100d	10/11
7.0					1700	10/19
8.2	4 10	0.26	.12	7	3.000	10/22

DISCHARGE 002

- <i>dW3L</i>	FLOW C	10/
)	1/
1	С	10/11
	0	31/01
(0	10/25

DISCHARGE 003

TEMP.	FLOW	
62/16.6°C	.005	10/4
62/16.60 25/17.7	200.	11/01
201 1202	,00°.	31/01
52/11.1	0005	10/25
		` `

LONGITUDE

DAY

VARIAN NATIONAL
BOX 269
GENEVA, 16 60134

(4-14)

PERMIT NUMBER

REPORTING PERIOD: FROM

0024333

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orm 3320-1 (10-72)

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120-21) (22-23) (24-28) 791001

YEAR MO DAY

LATITUDE

to

120-271 (28-20) (30 311

791031

YEAR MO

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1.	Provide dates for period covered by this report	in spaces marked "REPORTING PERIOD".	
2.	Enter reported minimum, average and maximum	values under "QUANTITY" and "CONCENTRA	ΑŢ

in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is everage computed over actual time discharge in operating. "MAXESUM"

and "MINIMUM" are extreme values observed during the reporting period.

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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses fredomind every 7 days.) If continuous enter "CONT."

Specify simple type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".

ORIGINAL

Appropriate signature is required on bottom of this form.
 Remove carbon and retain copy for your records.

8. Fold along dotted lines, stuple and mult Original to office specified in permits

PARAMETER		(3 card only) . (35 - 45)	QUAN1 (40-53)	(546)		162-63	(4 card only) (38-44)	CONCENT	RATION 184-611		102-63	FREQUENCY OF	SAMPLE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	нинин	AVERAGE	MAXIMUM	UNITS	NO. EX	AHALYSIS	TYPE
	PEPORTED	1000	5.600.	,∞5 ′		0						1/7	ĜP.
20050	PERMIT CONDITION		_	_	HGD							1/7	68.
•	REPORTED	 		•				-	4.		0	1/30	GVC
00310	PERIUT CONDITION							10	25	115/2		1/2.	GC.
	AFPORTED								17.	, ,	0	1/30	GR.
00530	PERMIT CONDITION						_	17.	3,0	M6/L		1/30	G13
	REPORTED		•		T-			-	0.26	1	(2)	1/34.	60
00610	PERMIT CONDITION							_	1.5	HG/L		1/300	6.62
,	пвионтво								10	No/100	c	1/2/	644
31616	PERMIT								400	M 1_		1/3.	68.
	м стоптер	7.0	7.4	8.2	STAND.	0						1/30	61
00400	FONDITION PERMIT	6.0	_	9.0	UNIT							112.	616
	REPORTED												
	PERMIT SONDITION												
	AEPORTED												
	PERMIT CONDITION]								
E OF PRINCIPAL EXECUTIVE	OFFICER	TITLE	OF. THE OFFICER		DATE	I certi	ify that I am form	liar will the info	mation confulned	f in this	yla	ed .	
P. EUGERIE	E M1	OPER, M	HANAGER	7 9 YEAR	11105 MO DAY	report		est of my knowle		ch infor	GNATU	RE OF PRINCIPA	

VARIAN/NATIONAL
BOX 269
GENEUH 11 60134

57

INSTRUCTIONS

[4-10]	(17-18)		_
0024333 PERMIT NUMBER	pis sic	LATITUDE	LONGITUDE
	120-21: (22-23: 124-25)	(26-27) (28	29) (30-21)
REPORTING PERIOD: FROM	719 10 01 YEAR MO DAY	TO 719 1	0 3 1

1. Provide dates for period covered by this report in spaces marked "REFORTING PERIOD". 2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge in operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
permit conditions in the columns labeled "No. Ex." If none, enter "O".

permit continues in the columns invested the. Ext. It none, exter "O".

4. Specify frequency of analysis for each parameter as No. analyses/No. days. [e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".

ORIGINAL

Appropriate signature is required on bottom of this form.

7. Remove carban and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit-

132-27) PARAMETER		(3 card only) (36 - 45)	QUANT (46-53)	(844)		(02-63	(4 card only) [38-45]	GONCENTE	RATION (54-61)	, , , , , , , , , , , , , , , , , , , ,	(82-63	FREQUENCY OF	SAMPLE
	<u> </u>	MINEMUM	AVERAGE	MAXIMUM	UNITS	NO.	KINIMUM	AVERAGE	MAXIMUM	UNITS	HO.	AHALYSIS	TYPE
	REPORTED			ی		٥				,		1/7	60
20020 ·	PERMIT CONDITION				M6D				, .			1/1	G-8.
	REPORTED			•									
	PERMIT CONDITION]				•				
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	PERMIT												
AME OF PRINCIPAL EXECUTIV			OF THE OFFICER		DATE	1 cer	tily that I am lon	illar with the infon	mation contained	in this	16:00	/	
ER EUGENE	<u></u>	arce t	WINGER	79	111/015	repor		iest of my knowled		h Infor-	SIGNATUR	E OF PRINCIPA	

INSTRUCTIONS Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing

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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

ORIGINAL

VARIAN/NAMONAC Box ZEG GBNEUN IL 60134

14-161

PERMIT NUMBER

0024333

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LATITUDE

LONGITUDE

ST	PERMIT NUMBE	IR	DIS SI		17UDE . L	ONGITUDE	_]	4. Specity fro	equency of analysis	s for each puramete every 7 days.) If c	r es No. en≇ ontinuous er	lynes/h iter "Ci	No. daya. (e.g., ONT."	
	REPORTING	PERIOD FROM	79100		719 110 3	5 / 5AY		5. Specify surenter "NA" 6. Appropriate 7. Remove ca	nple type ("gruh" ", e signature is requ rhon and retain cor	or	lfe'') wa epp ila form.	licebl <i>e.</i>	. If frequency *	#88 continuous,
	132-371	1	(3 cord only)					f card only)			· - · · · ·		104-61	(P#-77)
	PARAMETER	-	(34 - 44)	QUANT	(34-01)	,	167-631		CONCENT!	(84-81)		182-53	FREQUENCY OF	SAMPLE
			MINIMUM	AVERAGE	MAXIMUM	דואט	NO. EX	MINIMUM	AVEPAGE	MUMIXAM	UNITS	NO. EX	ANALYSIS	TYPE
	50050	REPORTED	1005	2000	200	H6D	ပ						1/7	લ્ટ
	~. 	PERMIT CONDITION		<u> </u>		HOI					, <u> </u>	-	114	GP.
)	AR.PORTED		10	16	°c	0						1/7.	612
	D0010	PERMIT			32								1/7	612
		HEPORTED												
		PERMIT				1								
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		PERMIT COMDITION												
		REPORTED												
		PERMIT				_]	[]							
NAME O	NAME OF PRINCIPAL EXECUTIVE OFFICER TITLE OF THE OFFICER			DATE	Legil	ly that I am Iam	iller with the info	mation contained is	n this		KILIT			
<u> ひだら</u> AST	EUGCKIE FIRST	/= MI	OPCT.	Kledn, 1) (TITLE	7 77	11 05 MO DAY	report		best of my knowled	ge and belief such	Infor- SI	GNATU	RE OF PRINCIPA ER OR AUTHORI	
· · · · —)-1 (10-72)	Mi	<u> </u>	11175	YEAR	MO DAY	<u> </u>							• OF *

24	2.2	52.8	≥ 3 · ŝ	2.2/11	7.21/72	TEMP.
	500	300	300	500.	500	M07=/
	64(32)11	12/3/	7.70	4/11	64/1/11	

EOO 30AAHOSIQ

					TEMP
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DISCHARGE OOL

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02 >	المستعدد والمستعدد				FECAL COL
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5:		Same of the same o			50120 505105
/					2008
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51.12111	156/12/11	156 M/11	562/11	62/1/11	

1700 1700

100 3984H081Q

PEPORTING SERIOD 11-1-75 TO 11-22-79



ENVIRO (EST, INC.

319 Oaden Avenue Downers Grove, (lois 60515 (312) 963-4672

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LABORATORY REPORT

• •						
Atton <u>Mr. H.</u>	Haase_				Date received	11/28/79
Company <u>National</u>	l Elect	tronics	3		Date completed	12/5/79
Division					P.O.#	72595
Address P.O. Box	x 269					
City <u>Geneva</u>				State Illinois	Zip 60134	
Analysis #		Sample Id	lentification			Date
37339				er and coliform	tests. Nove	
	TIC.III.	<u> </u>	. History Die History	I CHO COLLICIA	CD UD: NO 10	
	1					
						
Comments: LT mear		s than.	·			
	7839			SAMPLE	7339	
Acids, Organic & Volatile	ļI	<u> </u>		Manganese Margaret (nph)		
Acidity, as CaCO3		-		Mercury, ug/1 (ppb)		
Alkalinity, phthln, as CaCO3		—— —		Molybdenum Nickel		
Alkalinity, total, as CaCO3	 			Nitrogen, ammonia, as	N + 4	
Aluminum	-			Nitrogen, organic, as N		
Arsenic	 				' 	
Barium	 			Nitrogen, total, as N		
Beryllium	l			Nitrate, as N Nitrite, as N		
Bicarbonate	 					
BOD. 5 day	1 1			Phenois		
BOD, uttimate	 	-		Phosphate, soluble, as		
Bismuth	 			Phosphate, total, as PO		
()ride	1			Potassium		
d m				Selenium		
Çak.um			· · · · · · · · · · · · · · · · · · ·	Silica, as SiO2		
Carbon Dioxide, free				Silver		
Chloride				Sodium		
Chlorinated Hydrocarbons				Solids/Residue, total		
Chlorine				Solids, dissolved (filteral	ble)	
Chramium				Solida, fixed		
Chromium, hexavalent				Solids settleable		
Copalt				Salids, suspended (non	-filt.) 35	
COD		1		Solids, volatile		
Color, Co/P1 units				Specific gravity		
Conductivity				Strontium		
Copper				Sulfate, as SO ₄		
Cyanide, free				Sulfide, as S		
Cyanide, total				Sulfite, as SO2		
Dissolved Oxygen				Surfactants, MBAS		
EDTA				Tin		
Fluoride				Turbidity		
Grease & Oil				Vanadium Zuna		
Hardness, Iotal, as CaCO3				Zinc		
Hydrocarbons				Other:		
Iron				Fecal Colifor		-
Iron, Dissolved				per 100mls		
Lead						
Lithium	1	- 1	1	1 (i l	i l

ALL RESULTS IN mg/1 UNLESS OTHERWISE NOTED

Festing i	5	in	accordance	with	procedures	outlined	in:
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Magnesium

Standard Methods for the Examination of Water and Wastewater , APHA-AWWA-WPCF,14th ed., 1976

Methods for Chemical Analysis of Water and Wastes, EPA, 1974. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976.

Čé.	ad by:	Pinlo.	Luc	Date: _	12/5/79
,	R. J.	Jakubiec, PhD, Preside	nt and Laboratory Director		
Check	ed and Appi	roved by:		Date: _	

VARZININ/ NATIONAL
POLITION 269
GENEUN ICC 60134

(4-10)	17 - 10				
0024333	001				
PERMIT NUMBER	DIS	SIC (22-23) (24-25)	<u> </u>	TUDE 126-271 128	LONGITUDE
REPORTING PERIOD: FROM	7 9		το	7 7 1	130

INSTRUCTIONS

1. Provide dates for period covered by this report in apaces marked "REPORTING PERIOD".

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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equiva-

specify irrequency of what year parameter as its. analyses/No. days. (e.g., "3/7" is equition to 3 analyses performed every 7 days.) If continuous enter "CONT."
 Specify sample type ("grab" or "__hr. composite") as applicable. If frequency was continuous, enter "NA".

Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

132-371							a. Ford Stong	docted tines, step	te and man Ongn	(0 011166 m)	pecifies	(84-89)	(69-73)	
PARAMETER		(3 cerd only) (38-45)	QUAN (46-83)	TITY (84-81)			(4 card only) (38-44)	CONCENT	RATION (54-61)	-,	(62-63)	FREQUENCY	SAMPLE]
PARAMETER		МГМГМПМ	AVERAGE	MAXIMUM	UNITS	NO.	MUMINIM	AVERAGE	MAXIMUM	UNITS	NO. EX	OF ANALYSIS	TYPE	
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	REPORTED						<u>-</u>		7		O	1/30	GE.	1
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	REPORTED	3.6	8.2	7.8	STAND.	٥						1/7	St]
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	REPORTED							-						
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	PERMIT													
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AST FIRST	MI		TITLE	YEAR	MO DAY	1				l	DFFICE	ER OR AUTHORIZ	LU AGENT	

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PAGE | OF 3

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A Ferm 3320-1 (10-72)

INSTRUCTIONS

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1L	0024333	502		
ST	PERMIT NUMBER	DIS SIC	LATITUDE	LONGITUDE
	REPORTING PERIOD: FROM	7 7 1 1 0 1 YEAR MO DAY	TO 7/7/	-28) (30-35) 1 3 6
	132-371			

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

and "MINIMUM" are extreme values observed during the reporting period.

Specify the number of analyzed samples that exceet the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

Specify frequency of analysis for each purameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."

Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous,

6. Appropriate algusture is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

(32-37)	,											164-68)	(89.70)	_
PARAMETER	,	(3 card only) (38-45)	QUANT (46-53)	(8483)		(02-63)	(4 card only) 136-45)	CONCENT 1 46 - 631	154-61)		182-831 NO.	FREQUENCY OF	SAMPLE	-
		MUMINIM	AVERAGE	MAXIMUM	UNITS	NO. EX	MUMINIM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE	-
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VACION NATIONAL Po Pox 269 Généra 100 60134

(-4-1¢)	117-19)		
0024323 PERMIT NUMBER	DIS SIC	LATITUDE	LONGITUDE
REPORTING PERIOD: FROM	1 9 1 1 0 1 YEAR MO DAY	TO 7 1	130

INSTRUCTIONS

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing saterisks. "AVERAGE" is average computed over setust time discharge is operating. "MAXIMUM" and "MINIMUM" are extrame values observed during the reporting period.

Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
permit conditions in the columns labeled "No. Ex." If none, enter "O".

4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivelent to 3 analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".

6. Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

192-37	"											(64-68)	(68-79)	_
PARAME	158	(3 card only) (38-45)	QUAN (46-93)	TITY (8441)			(4 card only) (30-45)	CONCENT	RATION (54-61)		(62-83)	PREQUENCY	SAMPLE]_
	7-27	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE	
	REPORT	, 005	1005	,005		0						1/7	GR.	}
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4 Form 3320-1 (10-72)

DRIGINAL

REPORTING PERIOD 12-1-79 TO 12-3/12

DISCHARGE 001

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РH	કા	8.4	8.5	8.8	

DISCHARGE 002

,	1215	12/12	.449		
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TEMP					

DISCHARGE 003

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FLOW	006	236	.005	001	
TEMP.	1.6	1.6	4,4	4,4	



ENVIRO-EST, INC.

319 Oader *venue Downers Grove, (iois 60515 (312) 963-4672

			•		(312) 963-4	1672	And the second s
in two		LAE	ORATORY REPORT				
Attention Br. H.	Haase			Date receiv	ed <u>12/13</u>	/79	
Company <u>Nations</u>	l Elect:	ronies		Date compl	eted 12/26	/79	
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ddress <u>P.O.</u> Bo	v 260						The second secon

ity <u>Geneva</u>			State Illinois	Zip <u>601</u>			
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		- ·					- AND MAKE COMMITTEE STATE OF THE STATE OF T
omments: LT m	eans les	ss than.					<u></u>
SAMPLE	3127		SAMPLE	3127		<u> </u>	
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cidity, as CaCO3			Mercury, ug/1 (ppt Malybdenum	»)	ļ		
Ikalinity, total, as CaCO3	 		Nickel		<u> </u>		
Juminum	 		Nitrogen, ammonia	. as N 1 . 1			
rsenic			Nifrogen, organic, a		†	1	
arsum			Nitrogen, tolaf, as	N			
eryllium			Nitrate, as N				
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aron			Phosphate, total, as				g to the state of
('de			Potassium				
<u>n.</u>			Selenium		 		The second secon
Calcium Carbon Dioxide, free			Silica, as SiO2		 		
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Chromium, hexavalent			Solids, settleable Solids, suspended ((non-fill) CO	 		
COD	- 		Solids, volatile	Inon-fill.) 60	 		
Calar, Ca/Pt units			Specific gravity		 		
Conductivity			Strontium				
Copper			Suitate, as SO4				
yanide, free			Sulfide, as S Sulfite, as SO ₂		1		
Cyanide, total Dissolved Oxygen			Surfactants, MBAS		 	 	
DTA			Tin				
luoride			Turbidity				
Grease & Oil			Vanadium		<u> </u>		
tardness, total, as CaCO3			Zinc Other:		1		
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ithium							
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•		$\sim \sqrt{\sqrt{r}}$					
· /	· (11/10	•				1
d by:	1>	- retuli			Date: <u>12/26</u>	/79	
R. J. Jakul	biec, PhD,	President and	Laboratory Director				· · · · · · · · · · · · · · · · · · ·

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Checked and Approved by: __

LONGITUDE

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VARIAN/ NATIONAL P.O. COX 269 Geneuri IL 60/34

0024333

PERMIT NUMBER

REPORTING PERIOD: FROM

IL

EPA Form 3320-1 (10-22)

(17-19)

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(20-21) (23-23) (24-25)

79/1201

YEAR MO DAY

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126-271 128-291 (30-31)

791231

YEAR MO DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION"
in the units specified for each parimeter as appropriate. Do not enter values in boxes confusing
asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM"
and "MINIMUM" are extreme values observed during the reporting period.

Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
permit conditions in the columns labeled "No. Ex." If none, enter "O".

Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
 Specify sample type ("frab" or "__hr. composite") as applicable. If frequency was continuous,

Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".

6. Appropriate signature Is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

ED	MINIMUM .002	AVERAGE OO325	. 005	MGD	NO. EX	MUMINIM	CONCENT 146-537 AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	GVR. GK.
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, NC				1		_	-	1,5	MGL		1/20	G1:
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

Form Approved OMB NO. 158-R0073

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<u>-</u>	PARAMETER		(3 card only) (38-4%	QUANT (45-53)	[] TY 			(4 card only) 36:45	CONCENTE	RATION		[82-83*	FREQUENCY	SAMPLE
			MINIMUM	AVERAGE	MAXIMUM	UNITS	NO.	мимим	AVERAGE	MUMIXAM	UNITS	NO.	ANALYSIS	TYPE
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EPA Form 3320-1 (10-23)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

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GENCOA 1	(L 60	134							INSTR	UCTIONS			
(4-16) (4-16) (4-16)	33	(17-19) (\subseteq \cdot		11TUDE L (26-27) (26-29) (30	ONGITUDE 0-31]	2. Enter repo in the uni asterisks. and "MINI 3. Specify th permit con 4. Specify fro	ates for period coverted minimum, ave ts specified for e "AVERAGE" is MAUM" are extreme e number of analyst ditions in the columnaryses: performed mple type ("grab")	rage and maximum ach parameter us average computed a cyclues observed or cad camples that er mns labeled "No, a for each paramet	values under appropriate, over actual to during the repteed the may Ex.' If none, or as No. and	"QUA! Do not me discorting primum (content) imum (content)	NTITY" and "CO enter valued in charge is operat period. and/or minimum "O". No. days. (e.e	ONCENTRATION' boxes cuntaining ing, "MAXIMUM" as appropriate) "3/7" is equiva
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PARAMETER		(3 card only) [38-45:	QUAN'	T1 TY (54-6-1)			(4 card only)	CONCENT	RATION 154-611		162-53	FREQUENCY	SAMPLE
FARAMETER		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NG. EX	OF ANALYSIS	TYPE
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EPA Form 3320-1 (1922)

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	08-18-1	05-27-1	05-91-1	03-01-1	08-5-1	

DISCHARGE 003

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DISCHARGE 002

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DISCHARGE DOI

REPORTING PERIOD 1-1-80 TO 1-31-84

J. S. AV.

A 2 00.



ENVIRO-TEST, INC.

319 Ogden Avenue Downers Grove, Illinois 6051 (312) 963-4672

LABORATORY REPORT

	Attention Mr. H.	Hease_				Date received	1/3	24/30
	CompanyNations	il Elect	ronics .			Date complet	ted1/_	30/30
	Division					P.O.#	_725	595
	Address P.O. Bo	x 269						·
	City Geneva			Sta	te <u>Illinois</u>	Zip 60134		
The second secon	Analysis #	Sa	imple Identifi	cation				Date
A CONTRACTOR OF THE PROPERTY O	B3660				nd coliforms	tests. Ja	nuary	Date
							1	
	•	<u></u>					 	
		<u> </u>						<u>-</u>
	Comments: LT mear	as less	than.					
	SAMPLE	2000		1	SAMPLE	1 86601		
	Acids, Organic & Volatile	3660			Manganese	0660		
	Acidity, as CaCO3				Mercury, ug/1 (ppb)			
	Alkalinity, phthln, as CaCO3			-	Molybdenum			
	Alkalinity, lotal, as CaCO3				Nickel			
And the second of the second o	Atuminum				Nitrogen, ammonia, as	N 1.2		
	Arsenic			1	Nitrogen, organic, as N			
	Barium				Nitrogen, total, as N			
	Beryllium				Nitrate, as N			
The same of the sa	Bicarbonate BOD: 5 day			_{	Nitrite, as N			
	BOD, 5 day BOD, uttimate	39			Phenois			
	Bişmuth				Phosphate, soluble, as i	PC4		
	Boron				Phosphate total, as PO	4		
	Bramide				Potassium			
	Cadmium				Selenium			
	Calcium				Silica, as SiO2			
	Carbon Dioxide, free				Silver			
	Chloride			_ }	Sodium			
	Chlorinated Hydrocarbons				Solids: Residue, Total			
	Chlorine Chromium			_{	Solids, dissolved (fillerat	ole)		
	Chromium, hexavalent			╌┼╌╌┤┟	Solids, settleable			
The same of the sa	Coball				Solids, suspended (non-	10t.) 60		
	COD				Solids, volatile	- - 		
	Calor, Ca/Pt units				Specific gravity			
	Conductivity				Strontium			
	Copper				Sulfate, as SO ₄			
	Cyanide, free			<u></u>	Sulfide, as S Sulfide, as SO2			
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	EDTA EDTA			╁╾╌┤┞	Tin	·- 		
The second of the second of the second	Fluoride			- -	Turbidity			
	Grease & Oil				Vanadium			
	Hardness, lotal, as CaCO3				Zinc			
-	Hydrocarbons			[Other:			
	Iron			4	Fecal Colifor	ms LT 20		
	Iron, Dissolved			→ —	per 100 mls			
	Lead			-}				
المناسبة الم	Lithium Magnesium			 				
And the second s	Wilding					1		
		AL	L RESULTS I	N mg/1 UNL	ESS OTHERWISE N	IOTED		
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- 1975 - 1975	Testing is in accordance				r and Wastewater ,	ΑΡΗΔ-ΑΙΛΛΑ	VA-WPCE	14th ed 19
					lastes, EPA, 1974		+W-AREOL	,,-(ii co., 15
e Tagan de la companya de la company	3. "Water, Atmos					•		
	J. Haler, Almos	-pilolio -111	، ۱۳۵۲ م	2.17 - 101 141	<u> </u>			
A Company of the Comp			$\supset_{i} \setminus I^{j}$	1 -				
PER STATE OF THE PARTY OF THE P	Certified by:	S /	Stake	lu.		Da	ate: <u>1/</u>	30/30
		biec, PhD.	President a	d Laborato	ry Director			
である。Journal でからのできません。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ					•			
	and the second second	L	~. <i>/</i>			Da	te:	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGEMONITORING REPORT

Form Approved OMB NO. 158-R0073

Box 26 9
GENEUR ILL 60/34

14-161

0024333

PERMIT NUMBER

REPORTING PERIOD: FROM

(17-19) 001 015 LATITUDE SIC LONGITUDE

120-211 122-23 124-251 800101 YEAR MO DAY

(26-27) (28-29) (30-31) 800131 to YEAR MO DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD"

2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in hoxes containing unterisks, "AVERAGE" is average computed over actual time discharge is operating, "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

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5. Specify sample type ("grab" or "___hr. composite") as applicable. If frequency was continuous,

enter 'NA''.

6. Appropriate signature is required on bottom of this form. 7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER			(40-53)	(5 4- 6 1)		(62-63) 1	38 - 451	1 45-931	(54-61)		162-637	OF	SAMPL
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO.	мимим	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE
Ĺ	REPORTED	.002	.003	.004		0			}			1/7	GR
50050	PERMIT CONDITION	_	-		MGD					7		1/7	GR
	MEPORTED						-	_	39		1	1/30	GR
00310	PERMIT CONDITION				<u> </u>		_	18	25	MGL		1/30	GR
	REPORTED						-	_	60		,	1/30	GR
00530	PERMIT				_			12	30	MGL	i.	1/30	GR
	REPORTES						_		1.2		0	1/30	GR
00610	PERMIT CONDITION						ــــــــــــــــــــــــــــــــــــــ	-	1.5	MGL		1/30	G
	REPORTED						-	-	< 20	N/100	0	1/30	G R
31616	PERMIT								400	ML		1/2~	(J. P.
	REPORTED	7.2	7.8	8.2	STAND.	0						17	GR
00400	PERMIT CONDITION	610	سو	9,0	UNIT							17	GR
	REPORTED												
	T (MR B C			4.2	-								
	REPORTED												
	PERMIT												
NAME OF PRINCIPAL EXECUTIVE	OFFICER	TITLE	OF THE OFFICER		DATE	Loge	ly that I am fami	liar with the Info	matine contained	I in this	7	1/	

EPA Form 3320-1 (10-22)

PAGE

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13.1

^1

VARIAN/NATIONITE

PERMIT NUMBER

0024333

ST

(4-18)	(17-19)				
4333	002				
ERMIT NUMBER	DIS	SIC LAT	ITUDE	LONGITUDE	
	120-211 (22-23)	24-251	(26-27) (28-29)	(30-31)	
REPORTING PERIOD: FROM	80016	OT 1	810 011	31/	
	YEAR MO	DAY	YEAR MO	DAY	

INSTRUCTIONS

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterists. "AVERAGE" is average computed over actual time discharge is operating, "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
 Specify the number of snalyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".
 Specify frequency of snalysis for each purameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses perfamed every 7 days.) If continuous enter "CONT."
 Specify sample type ("gand" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
 Appropriate signature is required on bottom of this form.

6. Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) (35 - 45.	QUANT	1TY (54-61)		162-63	(4 cerd only) (38-45)	CONCENTS 1 46 - 5 37	RATION (54-61)	1	(62-63)	FREQUENCY	SAMPLE
		мимим	AVERAGE	MAXIMUM	UNITS	EX	MINIMUM	AVERAGE	MUMIXAM	UNITS	NO. EX	ANALYSIS	TYPE
	REPORTED			0		a				1		1/7	GR
50050	PERMIT CONDITION			_	MGD							47	GR
	REPORTED												
	PERMIT CONDITION				, , , , , , , , , , , , , , , , , , ,								
	REPORTED												
	PERMIT CONDITION											111	
	PEPORTED				į								
	PERMIT CONDITION												
	REPORTED									1			
	PERMIT CONDITION				<u> </u>								
	REPORTED												
	PERMIT CONDITION						· · · · · · · · · · · · · · · · · · ·			1			
	REPORTED												
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	PERMIT				7								
ME OF PRINCIPAL EXECUTIVE	OFFICER	TITLE	F THE OFFICER	<u> </u>	DATE	Leert	(v that I am fam	iliar with the infon	mation contained	in this	11	1.	
EB EUGENE	F.	OPERITION	N MIRNAG	en 810	02 017	report		est of my knowled		infor-		E OF PRINCIPAL	

PAGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGEMONITORING REPORT

LONGITUDE

Form Approved OMB NO. 158-R0073

(17-19)

003

DIS

SIC

120-21) (22-23) (24-25)

8100101

YEAR MO DAY

LATITUDE

(26-27) L28-29) (30-31)

800131

YEAR MO DAY

0024333

PERMIT NUMBER

REPORTING PERIOD: FROM

INSTRUCTIONS

1.	Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2.	Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION"
	in the units specified for each parameter as appropriate. Do not enter values in boxes containing
	asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM"
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Appropriate signature is required on bottom of this form. 7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit,

1 3 2- 371 169 - 701 (3 card only) QUANTITY (4 card only) CONCENTRATION FREQUENCY 138 - 45 (54-61) 162-63-138-45 SAMPLE 162-63 PARAMETER OF NO. NO TYPE MINIMUM AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS EX ANALYSIS EΧ REPORTED ,005 GL. ٥ .0052 006 50050 MGD PERMIT GF. CONDITION REPORTED 0.8. 616 1.3 2.2 0 0 C 00010 PERMIT GR. 15.6 CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION HAME OF PRINCIPAL EXECUTIVE OFFICER TITLE OF THE OFFICER DATE I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such infor-8002017 EUGENE SIGNATURE OF PRINCIPAL EXECUTIVE MANAGET mution is true, complete, and accurate. OFFICER OR AUTHORIZED AGENT YEAR MO DAY PAGE

ORIGINAL

OF

1.1

DISCHARGE 001

	2-6-80	2-13-90	2-20-80	2.25-90	
FLOW	,007	. o o s	008 1	.007	•
BOD5				54	
SUS. SOLIDS				. 26	
AMMONIA a N				2.1	
FECAL COL				< 20	
ρH	7.3	7./	7.2	7.2	

AV ,007

AV 7.3

DISCHARGE 002

<u>'</u>	2/6/80	2/13/50	2/20/50	2/27/80	
FLOW	0	a	0	٥	
TEMP				1	

DISCHARGE 003

	2/6/80	2/13/80	2/20/50	2/27/60	
FLOW	,006	,010	.0 //	.012	
TEMP.	1.1	·. ea	4.1	2.8	

44 .CO

AV, Z.



Checked and Approved by: ,

ENVIRO TEST, INC.

319 Odder *venue Downers Grove, (101s 60515 (312) 963-4672

,		1 4 0	70 4 T				
			DRATORY REPORT			4.5	-
Attention <u>Mr. H.</u>	Haase			Date receive	ed <u>2/26</u>	/30	-
Company Nation	al Ele	ctronics		Date comple	ted 3/5/	30	
Division				P.Q.#	<u>7259</u>	<i></i>	
Address P.O. E	30x 269						
City <u>Genev</u> a	1		State <u>Illinois</u>	Zin 601	34		
		ample Identificati			· · · · · · · · · · · · · · · · · · ·	O-1-	
Analysis #		ewater for F	• · · · · · · · · · · · · · · · · · · ·	7.748		Date	
							1
Comments: LT mear	s less	than.					
SAMPLE	9165		SAMPLE	9165	I		
Acids, Organic & Volatile	3102		Manganese	7,07			1000
Acidity, as CaCO3			Mercury, ug/1 (ppb)				And the second s
Alkalinity, phihln, as CaCO3			Molybdenum	-			
Alkalinity, total, as CaCO3			Nickel Nitrogen, ammonia, a				
Atuminum Arsenic			Nitrogen, organic, as				
Barium			Nitrogen, total, as N				
Beryllium			Nitrate, as N				
Bicarbonate			Nitrite, as N		1		
BOD. 5 day	.54		рН				
BOD, ultimate			Phenois				
Bismuth			Phosphate, soluble, as	PO4			
Boron			Phosphate, total, as P	04			<u> </u>
, "ide			Potassium				The second secon
<u>, </u>			Selenium				
Calcium Carbon Disside from			Silica, as SiO2				
Carbon Dioxide, free Chloride			Sodlym				
Chlorinated Hydrocarbons			Solids/Residue, total		1		
Chlorine			Solids, dissolved (fitter	able)			
Chromium			Solids, fixed				
Chromium, hexavalent			Solids, settleable				
Coball			Solids, suspended (no	n-tiics 26			987 1 19 min
COD Colar, Co/Pt units			Solids, volatile Specific gravity				
Conductivity			Strontium				
Copper			Sulfate, as SO ₄				
Cyanide, free			Suffide, as S			· · · ·	
Cyanide, total			Sulfite, as \$02				
Dissolved Oxygen			Surfactants, MBAS				↑ -• ·
EDTA			Tin				
Fluoride			Turbidity				
Grease & Oil			Vanadium				
Hardness, total, as CaCO3			Zinc				_
Hydrocarbons			Other:				
Iron, Dissolved			Fecal Colifor	ms LT 20	-		The state of the s
Lead Lead			per 100mls				
Lithium							
Magnesium					†		
	1_	l					
	Α	LL RESULTS IN m	g/1 UNLESS OTHERWISE	NOTED			
Festing is in accordance	e with pr	ocedures outlined	IN:	ADUA 414"	A/A 14/005	· Mb	6
***1. <u>Standard Met</u>	nods for	tne Examination	of Water and Wastewater rand Wastes, EPA, 197	, APHA-AW\	VA-WPCF,	14th ed., 197	О
Methods for (∪nemical	Analysis of Wate	r and vvasies. FPA 1979	•			

***	 Standard Methods for the Examination of Water and Wastewater. 	APHA-AWWA-WPCF,14th ed., 1976
	2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974	
	3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1976.	
C⊌.	ed by:	Date: <u>3/5/30</u>
	B. J. Jakubiec, PhD. President and Laboratory Director	

(00-75) SAMPLE TYPE

VARIAN (NATIONIAL
POBER 269 COWERS 16 6013

REPORTING PERIOD: FROM

£1.7-191

001

015

800201

YEAR MO DAY

SIC

LATITUDE

YEAR

TO

(26-27) (28-29) (30-31)

800229

MD

L4-181

PERMIT NUMBER

0024333

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

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6. Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records. 8. Fold along datted lines, staple and mail Original to office specified in permit.

(32-37)										_		(64-64)		
PARAMETER		(3 eard noly) (38-45)	QUANTITY 146-53/ (54-6-1)			18 2 - 63	(4 card only)	CONCENT	/e2-e		FREQUENCY			
PARAMETER		MUMINUM	AVERAGE	MAXIMUM	UNITS	NO.	мінімим	AVERAGE	MAXIMUM	UNITS	NO EX	OF, Analysis		
	1	1		· · · · ·								-		

DAY

LONGITUDE

REPORTED .0075 GR . 007 3 OO. 50050 MGD PERMIT 1/7 GR CONDITION 1/30 REPORTED 54 6-12 00310 MGL PERMIT 430 25 CR. CONDITION 10 1/30 REPORTED GR 26 a 00530 MGL PERMIT 1/30 GR. 30 12 CONDITION REPORTED 1/30 2.1 GR MGL 00610 PERMIT 1/30 68 1.5 CONDITION 11/100 1/30 REPORTED く 20 612 31616 PERMIT 430 ML 400 60 CONTUTION STAND. 7 RCPORTED 7.3 68 7.1 7.2 UNIT PERMIT 00400 612 9.0 CONCITION ACPORTED PEFMIT CONDITION PERCETCO PERMIT

CONDITION NAME OF PRINCIPAL EXECUTIVE OFFICER TITLE OF THE OFFICER DATE EUGENE 8003110 Lage CHERRITION PHYLIPSES COR FIRST YEAR NO LAST TITLE

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information to true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

VARIAN/NATIONAL BOX 269 GENEUR /LL

132-371

INSTRUCTIONS

(4-(4)	1	117-191		[
0024333	Í	200				
PERMIT NUMBER		DIS	SIC	L.A	TITUDE	LONGITUDI
		120-211 12:	2-231 (24-28)		(26-27) 128-	293 (30-31)
REPORTING PER	100: EBOH	8100	12/0[1]	то	01001	2 2 10

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

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8. Fold along dotted lines, staple and mail Original to office specified in permit!

PARAMETER		(3 card only) (38-45)	QUANT	1TY (54-61)		(62-63)	4 cerd only) 38-45)	CONCENT	RATION 154-611		182-631	PREQUENCY	SAMPLE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	мимимим	AVERAGE	MAXIMUM	UNITS	162-63° HO. EX	ANALYSIS	TYPE	
50050	REPORTED			0		0		1				1/7	GR	
20020	PERMIT CONDITION				MGD]		1/7	GR	
	PEPORTED													
	FERNIT CONDITION]				
	REPORTED													
	PERMIT CONDITION													
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	HEPORTEO				1									
	PERMIT CONDITION													
	RCPORTED													
	PREMIT CONDITION			-										
	REPORTED.													
	PERMIT CONDITION													
	ARPORTED													
	PERMIT				1		· · · · · · · · · · · · · · · · · · ·			1				
NAME OF PRINCIPAL EXECUTIVE	OFFICER	TITLE	OF THE OFFICER		DATE	I cort	ly that I am fom.	illar with the infor	mation contained	in this	11.	1	7	
DEB EUGENE	E	COPERATION HAWAGER SIC		S SIO	011 510	report and that to the best of my knowledge and belief such info					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

VARIAN / NAMONDAL Box ZG

INSTRUCTIONS

-	•					
12:31	(4-141	117-191				
11	002/333	003				
ŠŤ	PERMIT NUMBER	DIS SIC	LAT	ITUDE	LONGITUDE	E
		120-211 122-231 124-251	ı	129-271 128-	291 130-31)	
	REPORTING PERIOD. FRO	m 800201	то	800	2 2 9	,

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

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7. Remove carbon and retain copy for your records.

8.	Fold at	long dotted	lines, t	staple and	meil O	riginai :	to offi	ce speci.	fied tr	i permi:
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PARAMETER		(3 card only) (38 - 49)	QUANT	TY (84-81)		16 2 - 63,	(4 card only) (38-46)	CONCENTE	RATION (84-61)		102-63	(84-88) FREQUENCY OF	SAMPLE
PARAMETER		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	миним	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE
	PEPORTED	.006	.0097	0012		0			•			1/7	GIR
50050 .	PERMIT CONDITION				MGD							1/7	6R
	REPORTED	1.1	2.12	4.1.	0	0						. 1/7	GR
00010	PERMIT CONDITION	_	_	15,6	C				•			1/7	GR.
	REPORTED												
	PERMIT CONDITION						•						
	REPORTED]									
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	PERMIT CONDITION						<u></u>						
	MEPORTED										1		
	PENMIT				-								
	DEPORTED										_		
·	PERMIT												
	AEPORTED												
	PERMIT												
HE OF PRINCIPAL EXECUTIVE	OFFICER	TITLE	OF THE OFFICER		DATE	I cuit	ily that I am lom	iliar with the infor	mation contained	in this	do		more
B EUGENE	1 ⁼	<u>ार्थक्रिया </u>	N MANAGE	SPIK SIO	WO DAY	report	and that to the	host of my knowled te, and accurate.		infor -	SIGNATU	RE OF PRINCIPA	L EXECUTIVE

EPA Ferm 3320-1 (10-72)

DISCHARGE 003

			_	LEMP
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e8/72/8	38/21/8	03/51/5	04/5/2	

DISCHARGE OOS

VA	8.7		7.8	9.7	H⊌
	<i>0</i> 2 >				FECAL COL
j	٤٠١				AMMOUND ON
	89				50705 .505
Ì	 . 09				2008
	ΓοΌ.	1890'	2001.	200.	m07±
Ì	08/42/5	02/91/5	08/21/8	09/2/8	

BISCHARGE

REPORTING DERIOD 3-1-80 TO 3.3-80



ENVIROCEST, INC.

319 Oddr \venue Downers Grove, inois 60515 (312) 963-4672

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LABORATORY REPORT

Acception _ Mr. H.	Hasse			Dat	e received	3/25/80	<u></u>
Company Nations	ıl Elec	tronics		Dat	e completed	4/8/30	
Division				P.C).#	72595	
Address P.O. 3d	ox 269						
City Geneva			St	ate Illinois Zi	p 60134		
······································	T						
Analysis #		Sample Identif				Date	
<u>3957</u> 0	<u> waste</u>	ewater for	march				
							
				 -			
Comments:					- 		
SAMPLE	39570			SAMPLE	39570		
Acids, Organic & Volatile				Manganese			
Acidity, as CaCO3	ļ			Mercury, ug/1 (ppb)			
Atkalinity, phihlo, as CaCO3.				Molybdenum	<u> </u>		
Alkalinity, total, as CaCO3	ļ			Nickel	 		
Aluminum	 			Nitrogen, ammonia, as N	1.3		
Arsenic				Nitrogen, organic, as N			
Barium	-			Nitrogen, total, as N	 		
Beryltium				Nitrate, as N			 -
Bicarbonate	60			Nitrite, as N	-		
BOD, 5 day	60		-	pH Phenois	 		
BOD, ultimate Bismuth	 			Phosphate, soluble, as PC4	 		
Boron	·			Phosphale, total, as PO4			
✓ `mide				Potassium			
(ım				Selenium			
Carrium				Sitica, as SiO2			
Carbon Dioxide, free				Silver			
Chloride				Sodium			
Chlorinated Hydrocarbons				Solids/Residue, total			
Chlorine				Solids, dissolved (filterable)			
Chromium				Solids, fixed			
Chromium, hexavalent				Solids settleable			
Cobalt				Solids, suspended (non-filt.)	63		
COD				Solids, valatile	! -		
Color, Co/Pt units			-	Specific gravity Strontium	 		
Conductivity Capper				Sulfate, as SO4			
Cyanide, free				. Sulfide, as 5			
Cyanide, total				Sulfite, as SO2			
Dissolved Oxygen				Surfactants, MBAS			
EDTA			1	Tin			
Fluoride			1	Turbidily			
Grease & Oil				Vanadium		1	
Hardness, total, as CaCO3				Zinc			
Hydrocarbons				Other:			
Iron				Fecal Coliforms	LT 20		
Iron, Dissolved				per 100 mls			
Lead							
Lithium					<u> </u>]

ALL RESULTS IN mg/1 UNLESS OTHERWISE NOTED

esting	is	in	accordance	with	procedures	outlined	in	:

- ***1. Standard Methods for the Examination of Water and Wastewater , APHA-AWWA-WPCF,14th ed., 1976
 - 2. Methods for Chemical Analysis of Water and Wastes, EPA, 1974.
 - 3. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 1975 .

il so by: Right	Date:
R. J. Jakubiec, PhD, President and Laboratory Director	
Checked and Approved by:	Date:

159-R0073

VARIHN/NAMONAL
BOX 269
GENEVA ILL

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INSTRUCTIONS

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0024333	003		
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- Provide dates for period covered by this report in spanes marked "REPORTING PERIOD".
 Enter reported minimum, average and miximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each perimeter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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 permit conditions in the columns labeled "No. Ex." If none, enter "O".
- Specify (requency of snellysis for each parameter as No. analyses/No. days. (s.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
 Specify sample type ("grab" or "____hr. composite") as applicable. If frequency was continuous,
- enter "NA".
- 6. Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- 8. Fold along dotted lines, staple and mail Original to office specified in permit

: 32-37:												104-041	(66-70)	_
PARAMETER		(3 card only) [36-45]	QUANT	1TY (54-51)		f6 2+63i	(4 card only) 138-45	CONCENT	RATION		102-034	FREQUENCY	SAMPLE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO.	MUMINIM	AVERAGE	MUMIXAM	UNITS	NO.	OF ANALYSIS	TYPE	
	REPORTED	,009	.00/02	.0011		D						1/1	GR	
50050	PERMIT	_		_	HGD	ì					3	1/1	GR	
	REPORTED	2.8	4.2	517'	0	0						1/1	GOZ]
00010	PERMIT CONDITION			15.6								1/7	GK	
	REPORTED													
	PERMIT CONDITION]
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INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION"

in the units specified for each parameter as appropriate. Do not enter values in boxes containing esterisks. "AVERAGE" in everage computed over actual time discharge in operating. "MAXIMUM"

and "MINIMUM" are extreme values observed during the reporting period.

3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

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 Specify sample type ("grah" or "___hr. composite") as applicable. If frequency was continuous,

ORIGINAL

Appropriate signature is required on bottom of this form.

Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit,

(32-37)		,-										(84-88)	(69-73)	
PARAMETER		(3 card only) (36-45)	QUANT (46-53)	(1TY (8458.0			(4 card only) (38-45)	CONCENT	RATION (84-6-1)		162-631	FREQUENCY	SAMPLE	_
FARAMETER		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MUNIXAM	UNITS	NO. EX	ANALYSIS	TYPE	
	ARMONTED	()	0	0		٥						1/7	GC	
50050	PERMIT CONDITION				MGD	·				1		1/-1	GR	
	HEPORTEO	_	-	-	٥							+	-	
00010	PERMIT CONDITION				C	,								
	HEPORTED													
	PERMIT CONDITION									1				
]	RCPORTED								_					
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	REPORTED													
	PERMIT													
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'A Form 3320-1 (10-72)		.1		ICAN	PO 041					08/01/4	_	PAGE		j

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(26-27) 128-297 (30-31) 810013 311

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14-162

PERMIT NUMBER

REPORTING PERIOD: FROM

0024333

INSTRUCTIONS

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Batter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION"

in the units specified for each parameter as appropriate. Do not enter values in boxes containing usterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

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permit conditions in the columns inheled "No. Ex." If none, enter "O".

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5. Specify sumple type ("grab" or "___hr. composite") as applicable. If frequency was continuous,

Appropriate signature is required on bottom of this form.

Remove carbon and retain capy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

192-371 PARAMETER		(3 card only) +34 - 451	QUAN1 (46-73)	(E+e)		162-63	4 card only) 18-45)	CONCENT	RATION (84-81)		102-03	FREQUENCY OF	SAMPLI
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE
	REPURTED	.005	.0062	.008		۵	·		<u> </u>			<u> </u>	GK_
50050	PERMIT CONDITION	_			MGD							1/7	GR
	PEPCATED								60		/	1130.	612
0 0310	PERMIT CONCITION]				25	MGL		1(30	GR
	REPORTED								68		1	1/30	GR
60530	PERMIT CONDITION								30	MGL		1/30	GR
	ACPORTED								1.3		6	1/36	61
60610	PERMIT]		_		1.5	HEL		420	ر رک
	HEPORTED							_	< 20	11/100	0	1(30	<u></u>
31616	PERM'T CONDITION				-1 			_	400	HL		1/30	Gic
	REPORTED	7.6	8.0	8.4	STAND.	8						17:	642
00400	PERMIT	6.0	-	9.0	UNIT							١(٦٠	ራሌ
	REPORTED												
	PERMIT				-							i	
	REPORTED											:	
	PERMIT CONDITION			ļ	-1								
E OF PRINCIPAL EXECUTI	VE OFFICER	TITLE	OF THE OFFICER		DATE	Least	ly Usal I am Cami	liar with the info	mialion contained	in this g	400	12/	hasic
B FURENCE		CPCRAIRE	N. MILLER STATE	टल हाटा	C14017		and that to the b		ige and belief sud	h infor	GHATU	RE OF PRINCIPAL	EXECUTIV

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DISCHARGE 003

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9277BM	12/h	4//	01/#	03/2/4	

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REPORTING JERIOD 4-1-80 TO 4-20-8



ENVIROCEST, INC.

R. J. Jakubiec, PhD/ President and Laboratory Director

Checked and Approved by:

319 Ogden Avenue Downers Grove, nois 60515

(312) 963-4672

			LABORA	ATORY REPORT			
Attention _ Ir. H.	Rease				Date received 4/22/30		
Company Nation	<u>al</u> Ele	ctronic	:s		Date completed	4/30/80	And the second s
Division					P.O.#	P.O. #75302	And the second s
Address P.O. B	ox 269						
City <u>Geneva</u>				State Illinois	Zip 60134		
Analysis #	17-04		dentification			Date	Line and the second of the sec
39928	-dast	ewater	for April				The state of the s
	+						
Comments:					•		
SAMPLE	<u>39</u> <u>3</u> 25	1 1		SAMPLE	[6 <u>2</u> 928]	 	
Acids, Organic & Volatile	1			Manganese			
Acidity, as CaCO3	ļ	ļ		Mercury, ug/1 (ppb)			چې د د د و د د و د د د د د د د د د د د د
Alkalinity, phthin, as CaCO3 Alkalinity, lotal, as CaCO3	 			Molybdenum Nickel			
Atuminum	 	1		Nitrogen, ammonia,	as N . 76		
Arsenic				Nitrogen, organic, as			
Barium				Nitrogen, total, as N			
Beryllium	<u> </u>			Nitrate, as N			
Bicarbonate	31	 		Nitrite, as N		<u> </u>	
BOO, sitimate	 			Phenois			
Bismuth	 			Phosphate, soluble, a	s PO4		en read of the control of the contro
Baron				Phosphate, total, as	PO4		
omide	ļ			Potassium			
mumt		ł - -		Selenium Silica, as SiO2			gg production of the control of the transfer that are the control of the control
Calcium Carbon Dioxide, free		<u> </u>		Silver			and the first the second of th
Chloride			1	Sodium	 		
Chlorinated Hydrocarbons				Solids/Residue, total			
Chlorine		ļ. ———		Solids, dissolved (filte	rable)		
Chromium, nexavalent		ļ		Solids, fixed Solids, settleante			
Cobait		 		Solids, suspended (n	on-filt.) 4G		The state of the s
COD		 		Solids, volatile			
Calar, Ca/Pt units				Specific gravity			
Conductivity				Strontium			
Copper				Suffate, as SO ₄			
Cyanide, free Cyanide, fotal		 		Sulfide, as S Sulfite, as SO2			
Dissolved Oxygen		 		Surfactants, MBAS			
EDTA				Tin			
Fluoride				Turbidily			
Grease & Oil				Vanadium			
Hardness, total, as CaCO ₃				Zinc			
Hydrocarbons Iron				Other:			The control of the second of t
Iran, Dissolved				Fecal Colifor	rms LT 20		domestic way of the second
Lead				701 100			
Lithium							
Magnesium							
2. Methods for	e with thous for Chemica	procedure the Exa Lanalysis	s outlined in: mination of V s of Water a	UNLESS OTHERWISE Vater and Wastewater nd Wastes, EPA, 1976 TM Standards, 1976	_, APHA-AWWA- '4 .	WPCF,14th ed., 1976	
/ fied by:	1		akaha		Date:	4/30/30	

VARIAN | NATIONAL
BOX. 269
GENEVA, ILL 60124

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(4-14)	(17-19)			-
OOZ4333	06 l	sıc -	LATITUDE	LONGITUDE
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INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

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In opening inequancy or energy to reach perameter as No. energy sea/No. days. (e.g., "3/7" is equivant to J analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sumple type ("grab" or "___hr. composite") as applicable. If frequency was continuous, enter "NA". 4. Specify frequency of analysis for each personeter as No. analyses/No. days. (e.g., "3/7" is equiva-

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7. Remove carbon and retain copy for your records. 8. Fold along dotted lines, staple and mail Original to office specified in permit

192-371												16 4-641	(46-701
PARAMETER		(3 card only) (38-45)	QUAN1	T(TY (84-61)			(4 card only) (38-45)	CONCENT 146-631	RATION 154-611		(82-83	FREQUENCY	SAMPLE
	<u> </u>	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	HO.	ANALYSIS	TYPE
	4 EPORTEO	1006	10065	.007		σ						1/2	GR
50050.	PERMIT CONDITION			_	MGD				,			1/7	GR
	PEPONTEC						_	-	31	,	,	1/30	CR
00316	PERMIT CONDITION								25.	MGL		1/3.	GR
	REPORTED						_		49	,	1	1/36	(4E
00530	PERMIT CONDITION							_	30	MGC		1/30	G-62_
	REFORTED								0.76		0	1135	GR
0 0610	PERMIT CONDITION				1				1.5	Mer		1120	GR:
	REPORTED								<20	N/100	0	1(30	দেহ
31616	PERMIT				-			-	400	HL.		1/30	Ce
	REPORTED	8.2	8.5	9.0	STAND.	0						17	GR
00400	PEHMIT	6.0		9.0	UNIT							1/7	G17
	REPORTED												
	PERMIT												
	REPORTED					1							
	TIPAULT CONCITION				-								
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51 FIRST	MI		TITLE	YEAR	MO DAY					l'	J1 F141	LICH AU MONE	

form 3020-1 (10-72)

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VITRIAN/NHTICKAL
BOX 267
GENEVA ILL GUZY

REPORTING PERIOD FROM

0024333

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 Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous,

ORIGINAL

Appropriate signature is required on bottom of this form.

7. Remove carbon and retain conv for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

(32-37)		(3 card only) (38-49)	QUANT	ITY (8+e i)	(4 card only) CONCENTRATION 8+0 11							FREQUENCY	SAMPLE		
PARAMETER		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO.	MINIMUM	AVERAGE	MAXIMUM	UNITS	HO. EX	OF, ANALYBIS	TYPE		
	REPORTED	٥	0	٥		6						177	Gr		
50050.	PERMIT				HED							47	G12		
	REPORTED											. :	·		
00010	PERMIT CONDITION									<u> </u>		!			
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ME OF PRINCIPAL EXECUTIV	EOFFICER	TITLE	OF THE OFFICER		DATE	I cort	ify that I em fom	iller with the infor	mation contained	in this	/	il d	<i>Z</i>		
-B EUGENE	<u> </u>	DICTORTION	ANDAH GOY	= 810	OIS CITY	report	end that to the l	best of my knowled		h infor	SIGHA 338	I certify that I am familiar with the information contained in this report and that to the hest of my knowledge and belief such information is true, complete, and securate. Signature of principal. EXECUTED OFFICER OR AUTHORIZED AGEN			

National Electronics
Plant Identification

Geneva, Ill. (60134)
Plant Location

KTBP Pollutant	Source of Pollutant	Is pollutant in intake or discharge (D) water
120 Copper	Cleaning of copper	D
121 Cyanide	Electroplating solution	D
124 Nickel	Electroplating solution	D
·		
	-	
. •		
	-	

Yarian Associates

National Electronics

PLANT IDENTIFICATION

Geneva, III. (60134)

Ple	ase provide gram. Elect	ess Line Information (Base Year 1976) the following information for each electroplating line shown in the bloo- coplating includes plating, electroplating, electroless plating, anodiz sion coating, and printed circuit board manufacture. Use a separate cop-
	s page for e	ach production line.
۸.	Identily th	is process line as shown in block diagram. Nickel plating
8.	What is the	base material processed? Copper
с.		processing rate in terms of area electroplated* for each step?ft^2/hr.
۵.	If masking	is used, what is the rate in terms of masked area passing through each
	<u>•</u>	ft ² /hr (omit this question for Printed Circuit Boards).
ε.	How many ho	urs per day does the line operate/ 8 hr/day
F.	Does water	flow through rinses when line is not operating?
		YES XXX NO
		e flow rategph and duration of flow in average hours/week when lin-
	not operati	nghrs/week.
G.	What is the	operating amperage of each step:
	20	6 minutes in plating tank.
		amps for
		amps for
н.		g line, what is thickness of plate in each step?
	.000	14 in. for Nickel
		in. for
		in. for
ı.	Is this pro	cess line
	X	
	-	Automatic Barrel
		Saminawanantia Y Grabat

^{*}Area immersed for printed circuit board manufacture.

<u>Varian</u> Associates National Electronics Geneva, ITT. (60134)

2. Individual Process Line Information (Base Year 1976) Please provide the following information for each electroplating line shown in the block diagram. Electroplating includes plating, electroplating, electroless plating, anodizing, etching; conversion coating, and printed circuit board manufacture. Use a separate copy of this page for each production line. Identity this process line as shown in block diagram. Silicon Etch What is the base material processed? Silicon C. What is the processing rate in terms of area electroplated for each step ℓ N/A ft2/hr. If masking is used, what is the rate in terms of masked area passing through each $\frac{4}{2}$ _ft²/hr (omit this question for Printed Circuit Boards). E. How many hours per day does the line operate? F. Does water flow through rinses when line is not operating? ON KXX If YES, give flow rate___gph and duration of thow in average hours/week when line not operating_ __hrs/week. G. What is the operating amperage of each step? _amps for N/A _amps for____ _amps for__ If a plating line, what is thickness of plate in each step? __in. for___N/A '___ in. for____ ____in, for_____ I. Is this process line Χ Manual Automatic

*Area immersed for printed circuit board manufacture.

Semi-automatic

Varian Associates

National Electronics

Geneva, III. (60134)

2. <u>in</u>	dividual Proc	ess Line Information (Base Year 1976)
ال • et	agram. Elect ching, conver	the following information for each electroplating line shown in the block roplating includes plating, electroplating, electroless plating, anodizing sion coating, and printed circuit board manufacture. Use a separate copy such production line.
٨.	Identity th	is process line as shown in block diagram. Aluminum etch
8.	What is the	base material processed? Aluminum
С.		processing rate in terms of area electroplated* for each step ! N/A ft²/hr.
٥.	If masking	is used, what is the rate in terms of masked area passing through each
	step	ft ² /hr (omit this question for Printed Circuit Boards).
٤,	How many ho	urs per day does the line operate: 8 hr/day
f.	Does water	flow through rinses when line is not operating?
		YES XXXX NO
	If YES, giv	e flow rategph and duration of flow in average hours/week when line
	not operati	nghrs/week.
j.		operating amperage of each step?
		amps for N/A
	′ 	_amps for
		_amps for
н	If a clatin	g line, what is thickness of plate in each step?
	-	
	 	in. forN/A
		in. for
		in. for
1.	. Is this pro	cess line
	. X	Manual Kack
	<u> </u>	
		AutomaticBarrel
		Contravious V Bagket

^{*}Area immersed for printed circuit board manufacture.

, KEI		r Chemica cess chal		Electrop	lating (
	Z. NOW	RECIRCULATION	IG ACID.	5 giving Ti	ben Longe	~ (,Fecons	ian Associ	ates
٠	3. Disco	WTINEL CER	TAIN PRO	ouct Type	٠,		ional Elec	
						Gen	eva III	(60134)
	1'21 t	IV HAW MATERIA	LS (BASE YEAR	1976)		12/11	i document	,
		BASIS MATERIAL.		sis material pr	ocesand, plea	ise list the p	resent commun	at i in
	•	in pounds per ye		٠ مو				•
		Copper	40,000	5000				
		Silicon	500			·		
-		Aluminum	-500- 3	7000				
	٠.	PROCESS CHEMICA applied to the supplier's tradegallons per year	Dasis materia e name and nu	i, please list mber, and (b) g	(a) the compo	isition if avaite consumption	riable or	
		3500 HCl 16.000	lhe HF	/ 9000 -50,000]bs	. H_SO.	6900 15:000	a Acetic	Acid 5000
		Zo 000 HNO, 36,000		7200 PO ₄ -3000	Liqui	No × 960 nox 200 1t		15 lbs.
	•	SNAP 5 lbs.	Sodium	Cyanide 16	lbs. So	dium Hydrox		9000
		Copper Cyani	de 10 lbs	#630 Co	pper Solut 3400	tion 5 gal	<u>. Acetone</u>	= -44,00 0 lbs
A. C.		Amonium Flor		lbs. Freon	10,000		el Sulfate	75 gal.
		Ammonium Hyd		·-	richloroet	hylene 70	.000- lbs.	
		Boric Acid	50 lbs	<u> </u>				
	Э.	CHELATING AGENT	<u>.</u>	known chelating	j agents used	in process an	d the metal t	fi.a f
		Glutonic Aci	<u>55-</u> d - 30 -gal	./year - Re	move vario	ous metallic	ions from	n
		surface of c	lass envel	lopes used f	or electro	n tubes.		
				•				
-	. 4.	WASTE WATER TRE used and presen flocculating ag	t consumption					→
		Hydrated Lim	ie	-24 Tons	No Lo	NGEL X	NEED	FOR
	·	Sodium Hypoc	hlorite			ALIZING		
		Liquid Caust	ic	-5000- gal.			- ·· · - • ·	

Varian Associates

National Electronics
PLANT IDENTIFICATION

Geneva, 117. 60134 PLANT LOCATION (ZIP CONE)

PART VIII WASTE WATER TREATMENT PROCESS COST INFORMATION

For costing purposes, include major modifications as separate systems.

\$ 500.	\$ 11,000 .	_	
	+ 3 0 0	1	1.0
\$15,000.	\$ 3,000.	1 & 2	nil
CIENA			 .
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ge to the POT	W? Tyes) ио
te? \$	/1000 gal.		
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dating is per	(ormed at thi	s tacility.	•
da eo oloceco	olating goors	* 1005	
Te to electio	bracing obera	CIONS.	
	s 9.4 mill facility (197	ge to the POTW? [YES Ite? \$/1000 gal. Itge? \$_9_4 million facility (1976) \$ 100,000 ring ways.	ge to the POTW? YES YES

ί

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National Electronics

Geneva III. (60134)

Par	t V MATER SUPPLY AND USAGE (TOTAL PLANT	}		
1.	Water Supply Source			:
፲አቮ	e ~	Average gp	h (during plan	t operation)
۸.	River			
в.	Lake		1000	
с.	Municipal			
D.	Well		4000	
£.	Other (specify)	•		
(Av tot	erage 9ph is defined as the number of ga al number of hours worked per year).	llons consum	ed per year di	vided by the
2.	Water Usage	Average gp	h (during plan	it operation)
Typ	<u>e</u> .	Make-up Water	Recycled Water	Discharged Water
Α.	Total Electroplating Process Water*	2'50_		250
В.	Process Water (Other than for Electroplating)	-0-	0-	-0-
c.	Cooling or Heating Water (contact)	0	0-	0-
D.	Cooling or Heating Water (non-contact)	3850	100	3950
Ε.	Sanitary Water	800	0-	800
F.	Other Non-Process Water (specify)			
			 _	
	•			

7

^{*} Should be consistent with water usage in block diagram, or reason for discrepancy noted.

Elect coplating

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National Electronics

Geneva, III. (60134)

Part VI- PROCESS WASTE WATER 1. Municipal Discharge A. Is any process waste water from the electroplating operation discharged to a municipal waste treatment facility? (POTW) XXX NO YES B. If answer im YES, please indicate the following information about the POTW, Mailing Address . Approximate daily flow_____ C. Is discharge to POTW regulated by municipal pretreatment ordinance? TT YES T NO D. Waste water discharge mode a) Batch Continuous b) If continuous, give discharge rate _____gpm c) If batch, give discharge mode characteristics i) _____times per (day, week, month, year) ii) duration _____hours iii) quantity _____gallons 2. Direct Discharge A. Is any process waste water from the electroplating operation discharged to surface waters? NO B. If YES, what percent? 100 C. Waste water discharge mode a) Batch XXX Continuous c) If batch, give discharge mode characteristics i) ____times per (day, week, month, year)

li) duration _____hours

___gallons

iii) quantity ____

Varian Associates

National Electronics (

Geneva, III. (60134)

3.	Pro	cess Waste Water Treatment
	Ä.	Is any process waste water treated at this facility before discharge?
•		XXXX YES NO
	а.	If YES, what percent of total water treated is from electroplating 5
	с.	Please indicate the source and amounts of waters other than electroplating process waste water treated by this facility. Cooling and sanitary water 55-80 gpm source
	D.	Are any electroplating process waste waters treated separately before mixing with other process waste waters for further treatment?
		YYX YES NO
	Ε.	If YES, specify waste water streams treated and treatment details.
		Waste acid rinse-waters. PH adjusted with 1 fme and caustic.
		PH NO LONGER NEEDS ADJUTING
4.	Age	/
	٨,	Year electroplating facilities installed 1970
	В.	Year of latest modification to electroplating facilities 1970
	c.	Year of waste water-treatment facility installation to handle electroplating waste waters 1971.
	D.	Year of latest modification to waste water treatment facility 1971
	E.	Nature of modification
5.	۸.	Indicate NPDES permit number, if applicable, and the expiration date.
		IL0024333 4/30/1979 Expiration Date
		·
	В.	To what state or EPA office is self sampling monitoring data submitted?
		Illinois
6.	Oth	er Regulations
	A.	Is waste water discharge regulated by municipal ordinance or regulation?
		YES XXXX NO
	в.	If YES, please identify.

4

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National Electronics PLANT IDENTIFICATION

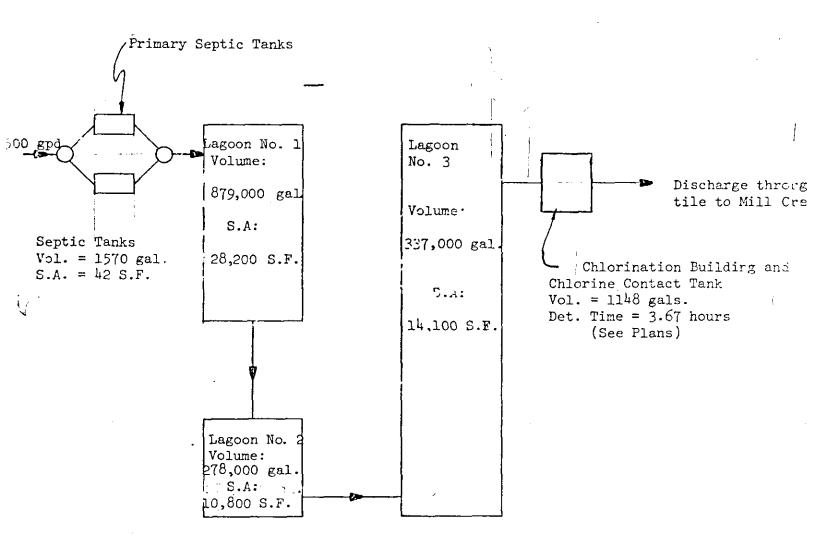
Geneva, III. (60134)

Part VII WASTE WATER CHARACTERISTICS

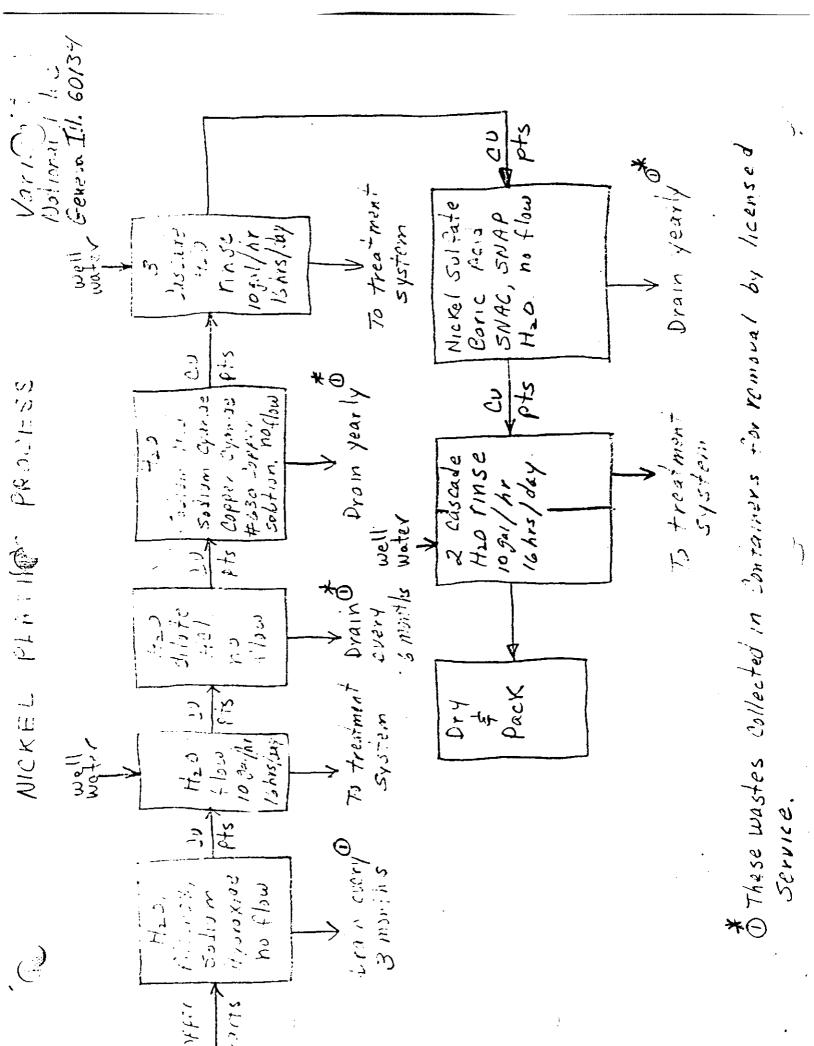
. Mestorical Data On Composition of Waste Water St	reams		
 Please complete the following for each process water stream, using additional pages for additional 	uste water and treatenal streams.	d process	; ¥aste
A. Indicate location of this stream as shown in	process or waste tre	atment bl	ock diag on.
Waste Water Stream #1			
B. Is flow at this point batch or XXX	continuous.		
C. Please indicate approximate number of chemic 1976 and 1977.	al analyses made of	ihis strea	nn during
XXX less than 10 10 to 5	0 more the	an 50	
D. Is sample type XXX grab or composi	te.		
E. If composite, the stream was sampled every	minutes, and	these sam	ples were
composited over a total period ofh	ours. Sampling was	tim	re proport coned
or flow proportioned.			
F. What is the flow rate at this point? 4	gpm		
Please indicate the typical composition of this	stream.		
•	Analytical Mo	thod	
Concentration Dissolved (D) Constituents (mg/l) or Total (T)	Standard Methods EPA	ASTM	Other specif.
. Tests not made. The pH is			
monitored and controlled.			
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<i>,</i>			
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FIGURE I

Schematic Flow Diagram For National Electronics Water Pollution Control Facilities



Sewage Treatment Lagoons (3) Earthen (Eichegicax Treatment) 5000 gal./hr. DISCHARGE to 400607 400604 400goon TANK Septic rinse water hant 20 toA Nickel plating 14/106 058 52+5011 Hd Waste Water stream #1 Acid Water sanitary waste cooling water Caustic PULT MJISHS 175109 National E/BC 401101 3173AW WATER TUENTABAT



		KINER.			thent	4845X5 07H	462	pallings palled 12H		
	waste: mill creek			Heat & CK.	15\$ IH	PSUU.	15 \$ 14	4743	641715	· 29
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1	111, 60134 on 1 Fled	140N	SSE	70Yd 1	42170	7174 C		! :		

VHRIAN/NATIONAL
BOX 269
GENEUM ICC GOIZY

[4-14]	[17-19]		
0024333	003		
PERMIT NUMBER	DIS SIC	LATITUDE	LONGITUDE
	(20-21) (22-23) (24-25)	(26-27) [28-	291 (30-91)
REPORTING PERIOD FROM	81004011	то 810 0	430

INSTRUCTIONS

1. Provide dates for period covered by this report in apaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as oppropriate. Do not enter values in boxes containing esterisks. "AVERAGE" is overage computed over actual time discharge is operating. "MAXIMUM"

anterisks. "AVERAGE" is neering computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

3. Specify the number of analyzed amplies that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

4. Specify frequency of analyzing for each parameter as No. analyzes/No. 40 as, {e.g., "3/7" is equivalent to 3 analyzes performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".

Annealists simpling the second on bottom of this form.

ORIGINAL

6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit

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PARAMETER		(3 cerd only) (35-45)	OUAN'	(54-61)		62-63	(4 card only) (28-45)	CONCENT	RATION (84-81)		(42-63)	FREQUENCY	SAMPLE
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REPORTING JERIOD 5-1-8070 5-31

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ENVIRO-TEST, INC.

319 OGDEN AYENUE DOWNERS GROYE, ILLINOIS 60515 [313] 963-4672

CERTIFIED LABORATORY REPORT

Attention	Mr. H	I. Haase					Date recei	ved	5/30/80	0
Company ₋	Natio	nal Elect	ronics				Date comp	oleted .	6/5/80	
Division _							P.O.#	-		
	P.O.									
City	Genev	ra		State	Illino	is	Zip60	134		
Anal	ysis # 16	Sar	nple Identifi	cation					Date	
C15	16	Wastewat	er for Ma	У						
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	SAMPLE	<u> </u>	C1516			 				
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	ii. G. GARUDI	CO, THE	A I	addi attir y	Director					
			` '					1 72101		

Supervisor

169-701

VARIAN NATIONAL

INSTRUCTIONS

(17-19) 0024333 PERMIT NUMBER DIS LATITUDE SIC LONGITUDE 128-271 128-291 139-311 120-211 122-231 124-231 810015011 REPORTING PERIOD: FROM 800531 10 YEAR MO DAY YEAR MO DAY

April 18 to 18 miles of the state of the sta

- 1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- 2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asteriaks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
 permit conditions in the columns labeled "No. Ex." If none, enter "O".
- 4. Specify frequency of analysis for each purameter as No. analyses/No. days. (e.g., "3/7" is equiva-
- lent to 3 analyses performed every 7 days.) If continuous enter "CONT."

 5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
- 6. Appropriate signature is required on bottom of this form.
- 7. Remove carbon and retain copy for your records. 8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) [38+45]	QUANT	(TY (54-81)		16.2+63	4 card only) 38-48)	CONCENT	RATION		162-639	FREQUENCY	SAMPLE
, ,		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	HO. EX	OF ANALYSIS	TYPE
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	REPORTED	14	17.1	22,5	0	0						•/7	GiZ
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EPA Form 3320-1 (10-72)

PAGE 3 OF 3

LONGITUDE

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0024333

PERMIT NUMBER

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REPORTING PERIOD: FROM

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YEAR MO DAY

- Land August August

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(26-27) (28-29) (30-31)

800531

YEAR MO DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating, "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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 Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent." 2 analyses conformed every "days.) If continuous spaces.

fent to 3 analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "____hr. composite") as applicable. If frequency was continuous, enter "NA".

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7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

(\$2-37)		(3 card only)	QUANT	77			4 card only)		le and mail Origins	1 10 GINCE	pecuie	184-681	(69-70)
PARAMETER	1	138-451 MINIMUM	AVERAGE	(84-8-1) MAXIMUM	UNITS	162-631 NO.		AVERAGE	RATION 154-811 MAXIMUM	דואט	(82-63) NO.	OF !	SAMPLE Type
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BOX 269 GENEUM ICC 60134

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126-271 (26-29) (30-31)

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PERMIT NUMBER

REPORTING PERIOD: FROM

INSTRUCTIONS

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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lent to 3 analyses performed every 7 days.) If continuous enter "CONT."

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PARAMETER		(3 card only)	QUANT	LTY 154-81)		(62-63	(4 card only) (38-45)	CONCENT (46-53)	RATION 154-61)		re2-63×	FREQUENCY OF	SAMPLE
PARAMETCA.		MINIMUM	AVERAGE	MAXIMUM	צדואט	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE
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	REPORTED								0.35		0	1130	GR
00610	PERMIT CONDITION								1.5	HGL	1.5	120	GR
	REPORTED							<u> </u>	20	NICO	0	1120	Gr.
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REPORTING PERIOD 6-1-80 TO 6-30-50

DISCHARGE 001

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DISCHARGE 002

	6/5	6/12	6/19	6/74	
FLOW	0	0	0	0	
TEMP		_		<u> </u>	

DISCHARGE 003

	6/5	6/12	6/19	6/24	
FLOW	0/2	.075	.011	,012	
TEMP.	20° C	19.4 %	Z- 0	2.2	



ENVIRO TEST, INC.

319 Ogden Avenue
Downers Grove, nois 60515

(312) 963-4672

LABORATORY REPORT

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City Gener	va			SI	ate <u>Illinois</u>	_ Zip _ 6013	34		
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Comments: LT means	less	than.							
SAMPLE	1895	T		1	SAMPLE	11895	, ,		The second secon
Acids, Organic & Volatile	11232			<u> </u>	Manganese	1.932	į t	<u> </u>	
Acidity, as CaCO3					Mercury, ug/1 (ppb)				
Alkalinity, phthln, as CaCO3	ļ				Malybdenum				
Alkalinity, total, ás CaCO3	 –	 		 	Nickel Nitrogen, ammonia, as	. 13	 -		
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8arium	<u> </u>			 	Nitrogen, total, as N	` 	 		
Beryllium					Nitrate, as N			·	
Bicarbonate					Nitrite, as N				
BOD. 5 day	6				pH				
BOD, ultimate					Phenois				
8ismuth Boron				 	Phosphate, soluble, as Phosphate, total, as PC				
a omide					Polassium	74			
7 am	ļ				Selenium				
					Sifica, as SiO2				
Carbon Dioxide, free					Silver				
Chloride					Sodium				
Chlorinated Hydrocarbons				1	Solids/Residue, total				Electric description of the first of the fir
Chigrine Chromiem				+	Solids, dissolved (filteral Solids, fixed	lole)			
Chromium, hexavalent				1	Solids, settleaple				· 회 등록 등의 활성인 및 등등 회
Cobalt					Solids, suspended (non	i-fit.) 6			
COD					Solids, volatile				
Color, Co/Pt units				ļ	Specific gravity				
Conductivity				}	Strontium Sullate, as SO ₄				
Copper Cyanide, free					Sulfide, as S		-	-	
Cyanide, total					Sulfite, as SO ₂				- 보는 영화 및 그들은 생물로 되었다. 현장
Dissolved Oxygen					Surfactants, MBAS				
EDTA					Tin				
Fluoride				ļl	Turbidity				
Grease & Oil Hardness, total, as CaCO3				<u> </u>	Vanadium Zinc				
Hydrocarbons					Other				
Iron					Fecal Colifor	ns LT 20			
Iran, Dissolved				11	per 100mls	us 111 20			ettetti alla alla alla alla ettetti ili että
Lead									
Lithium									
Magnesium		1		<u>.</u>				1	
Testing is in accordance				-	ILESS OTHERWISE I	NOTED			
Methods for	Chemica	l Analysi	s of Wa	iter and '	er and Wastewater Wastes, EPA, 1974 1 Standards, 197		VA-WPCI	F,14th ed., 1976	;
	_	~	0	1 0					
	((<u> </u>	k he		-	ata:		
d by:	hiec Dh	D Brokerie	100	L aborce	ory Director	D	ate:		
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Checked and Approved	by:		V			Da	ate:		ار المراجعة المراجعة والمراجعة المراجعة ا

LONGITUDE

Vin 10/11APCOUNT Por 269 General 16: 6004

> 14-16: 002 4332

PERMIT NUMBER

REPORTING PERIOD: FROM

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(29-21) (22-23) (24-28)

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YEAR

TO

(26-27) [26-29] (30-31)

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MO DAY

INSTRUCTIONS

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing anterisks. "AVERAGE" is average computed over netual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
 Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equiva-fent to 3 analyses performed every 7 days.) If continuous enter "CONT." Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous,

Appropriate signature is required on bottom of this form. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) (38-45)	QUANT	ITY (5+61)			(4 card only) 198-45)	CONCENT	RATION (54-81)		(62-63)	FREQUENCY	\$AMPL
FARMETER		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. €X	мимим	AVERAGE	MAXIMUM	UNITS	NO. EX	OF ANALYSIS	TYPE
	REPORTED	.003	.0545	,057		. 2						117	Gi_
50050	PERMIT CONDITION		_	_	HGD							117	Gr
	PEPORTED						**	~	6		0	1/30	Gez
00310	PERMIT CONDITION]			/6	2.5	(10.5		420	<u> (54</u>
	REPORTED							_	6		0	1/35	GP.
00538	PERMIT CONDITION							12	30	MGL		435	ירי
	HEPORTED						_		0.13		0	455	lent 1
00610	PERMIT CONDITION								1.5	MGL		42.5	G.id
	REPORTED								(20	14/100	0	130	GC.
31616	PERMIT CONDITION								400	tal.		1/20	GK
	REPORTED	7.4	: 8.3	2.8	S.comb.	ಲ						1/7	66
001100	PERMIT EONDITION	6.0	_	4.0	Unit	2.5]		17	5/4
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT]								
NAME OF PRINCIPAL EXECUTIV	VE OFFICER	TITLE	OF THE OFFICER		DATE	I certi	ify that [am fami	liar with the into	mation contained	in this			
OLD EUGCHO	- F	OPGISHOS	J HANNE			report		est of my knowled	ige and belief suc	h infor		RE OF PRINCIPAL	

EPA Form 3320-1 (10-72)

ORIGINAL

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DAY

10.

YEAR

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DAY

TO

14-151 117-191 D.T. 57 PERMIT NUMBER DIŞ LATITUDE SIC LONGITUDE 120-211 (22-23) (24-25) (26-27) [28-29] [30-31)

YEAR

REPORTING PERIOD: FROM

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

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permit conditions in the columns labeled "No. Ex." If none, enter "O".

4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" to equivelent to 3 analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "___hr. composite") as applicable. If frequency was continuous,

6. Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, steple and mail Original to office specified in permit.

Danuerra		(3 card only)	QUANTI	TY (54-61)			(4 card only)	CONCENT	RATION (54-51)		162-63>	FREQUENCY	169-701 SAMPLE
PARAMETER		мимими	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	TINU	NO.	OF ANALYSIS	TYPE
_	REPORTED			Ö	Ì	0						1/1	GR
50050	PERMIT CONDITION				HGD							4.7	(x 67)
	ПЭТЯОЯЗН]		-	
00010	PERMIT CONDITION												
•	REPORTED							_					
	PERMIT CONDITION				,								
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	REPORTED		_				·						
	PERMIT					7, 1,							
	REPORTED		,										
	PERMIT CONDITION					,			_]			
	REPORTED												
	PERMIT CONDITION					:							
	REPORTED												
	PERMIT					10 1							
NAME OF PRINCIPAL EXECUTIV	E OFFICER	TITLE	OF THE OFFICER		DATE	I cert.	ly that I am Iam	illar with the infor	mation contained	in this			
DER EUGENE	J-	Oreand	A) MARINGE	18 810	017018	report		est of my knowled				RE OF PRINCIPA	

EPA Form 3320-1 (10-72)

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INSTRUCTIONS

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1 2 - 31	14-16)	(17-19)	r———			
L	0014818	222				
S T	PERMIT NUMBER	DIS SIC	LA	TITUDE	LONGITUDE	_
		(20-21) (23-23) (24-25)		126-27) 128	-29) (30-31)	
	REPORTING PERIOD: FROM	710 014 511	то	7100	16 21 5	
		IYEAR! MO DAY		YEAR M	O DAY	

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parimeter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate)
permit conditions in the columns labeled "No. Ex." If none, enter "O".

Specify frequency of analysis for each purameter us No. analyses/No. days. (e.g., "J/7" is equivalent to J analyses performed every 7 days.) If continuous enter "CONT."
 Specify sample type ("grab" or "__hr. composite") as applicable. If frequency was continuous,

enter "NA".

Appropriate signature is required on bottom of this form.
 Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		(3 card only) (38 - 45)	QUANT	1TY (8461)		162-631	(4 card only) 38-48	CONCENT	RATION (54-61)		162-63)	FREQUENCY OF	SAMPL
		мимим	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNIT	S NO.	ANALYSIS	TYPE
_	REPORTED	.011	.0125	.015		0						1/7	G 10
50050	PERMIT CONDITION			İ	MGD		**				:.	1/7	GU.
	REPORTED	187	20°	ر ا	0	0						117	G-K
00010	PERMIT CONDITION		_	37.2	C]		117	GV.
	REPORTED		, and a second										
	PERMIT												
	REPORTED						,						
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION										1		
	REPORTED												
	PERMIT					,	-						
	REPORTED												
	PERMIT CONDITION												
	AEPORTED				!								
	PERMIT					'							
ME OF PRINCIPAL EXECUTIV	E OFFICER	TITLE	OF THE OFFICER		DATE	I certi	iv that I am Iami	liar with the infor	mation contained	in this			
IL EUSENS	<u></u>	OPERATO	TITLE	1000 810	617 018	teport		est of my knowled.				RE OF PRINCIPAL	

EPA Form 3320-1 (10-72)

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DISCHARGE 003

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DISCHARGE 002

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	<i>7</i> ·				S0150 SOLIDS
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	8-7-9	21/3	21/9	-5/9	

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REPORTING JERIOD 6-1-80 TO 6-30-19

Electroplating

	L GENERAL INFORMATION
1.	Hame of Corporation Varian Associates Inc.
2.	Adcress of Corporate Headquarters
٠	Street 611 Hansen Way
•	City Palo Alto
	state California zip Code 94303
3.	Name of Plant National Electronics, Division of Varian
	Street P.O. Box 269
	CityGeneva
	State Illinois Zip Code 60134
4.	Name(s) of personnel to be contacted for information pertaining to this portfolio.
	-U.J. Sullivan General Manager 312-232-4300 (NAME) (TITLE) (TELEPHONE)
	(NAME) (TITLE) (TELEPHONE) GENERAL MANDEEL
	E.F. Loeb Operations Manager 312-232-4300 (TITLE) (TELEPHONE)
	(NAME) (TITLE) (TELEPHONE)
	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE)
5.	
	H. Haase Facility Supervisor 312-232-4300 (NAME) (TELEPHONE)
	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE), (TELEPHONE) Total Number of Employees at this Facility 348 220
	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE) Total Number of Employees at this facility 340 220 Age of Facility
	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE) Total Number of Employees at this Facility 340 220 Age of Facility A. Year plant built 1965
6.	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE) Total Number of Employees at this facility 340 220 Age of Facility A. Year plant built 1965 B. Year of latest major modification 1970 60/47
6.	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE) Total Number of Employees at this Facility 340 220 Age of Facility A. Year plant built 1965 B. Year of latest major modification 1970 Zip Code for Physical Location of Manufacturing Facility 60134
6.	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE) Total Number of Employees at this Facility 340 220 Age of Facility A. Year plant built 1965 B. Year of latest major modification 1970 Zip Code for Physical Location of Manufacturing Facility 60134* (Not necessarily mailing address)
6.	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE) Total Number of Employees at this Facility 340 220 Age of Facility A. Year plant built 1965 B. Year of latest major modification 1970 Zip Code for Physical Location of Manufacturing Facility 60134* (Not necessarily mailing address) Type of Electroplating Shop:
6.	H. Haase Facility Supervisor 312-232-4300 (NAME) (TITLE) (TELEPHONE) Total Number of Employees at this facility 340 220 Age of Facility A. Year plant built 1965 B. Year of latest major modification 1970 Zip Code for Physical Location of Manufacturing Facility 60134* (Not necessarily mailing address) Type of Electroplating Shop: A Do not perform electroplating functions.

1

Electroplating

Varian Associates

National Electronics

Geneva, III. (60134)

Par	11 HISTORICAL PRODUCTION INFORMATION
1.	Total number of production employees engaged in electroplating 38 6
2.	Number of electroplating lines 3 lines.
3,	Number of shifts per day 2 , working days per year 250 , hours per shift 8
4	Are coated area production records kept? YES XXX NO If YES, give average plant production rate in square feet per hour (divide total square footage for past twelve months by the number of working hours in a year).
	fe ² /hr.
	If NO, give an estimate of average production rate.
	1.0 ft ² /hr. (est.)
5.	Please check the types of products finished at your plant and indicate approximate pare of ut total plated area of production.
	Parts plated with common metals 40
	Parts plated with precious metals
	Continuous strip & wire plating
	Anodized parts
	Conversion coated parts
	Chemical etched or milled parts
	Chemical etched or milled parts
	Electroless plated parts
	immersion plated parts
	Printed circuit boards
	Continuous strip and wire anodizing
6.	Are there any production processes other than those listed in 3 (above) performed at your plant?
	XX YES NO
	If YES, please list processes below.
	Brazing, welding, assembly, vacuum processing.
7.	If shop is captive, indicate below the commodities that electroplated parts are used in .
•	Power Semiconductor Components (silicon thyristors & rectifiers)
	What other products are manufactured at this facility? Ignitrons:
	Gaseous Electron tubes: Cold cathode readout tubes.
8.	If a job shop, what type of commodities are electroplated parts used in?

2

Nickel plating of copper Acid etching of sili	(- Varia Compar	in Assoc Name	iat <u>es</u>
Acid etching of aluminum		<u>Natio</u> Plant	<u>nal Ele</u> Identi	ctronics
Process reported <u>See above.</u>		<u>Genev</u> Plant	/a. Ill. Locati	<u>(60134</u>
Priority Pollutant	KTBP	BTBP	BTBA	KTBA
001 Acenaphthene			. <u>X</u>	
002 Acrolein			<u> </u>	
003 Acrylonitrile			<u> </u>	
004 Benzene			<u> </u>	
J05 Benzidine			X	
006 Carbon tetrachloride (tetrachloromethane)			. <u> </u>	
007 Chlorobenzene			<u> </u>	
308 1,2,4-trichlorobenzene			<u> X</u>	
009 Hexachlorobenzene			<u> </u>	
010 1,2-dichloroethane			<u> </u>	
011 1,1,1-trichlorethane		-	<u> X</u>	_
012 Hexachloroethane			<u> </u>	
013 1,1-dichloroethane			X_	
)14 1,1,2-trichloroethane	•		X	
015 1,1,2,2-tetrachloroethar >			<u> </u>	·-
16 Chloroethane	<u> </u>		X_	- •
17 Bis (chloromethyl) ether			X	
018 Bis (2-chloroethyl) ether			X_	
fl9 2-chloroethyl vinyl ethe (mixed)			X	
020 2-chloronaphthalene	 		X	-
021 2,4,6-trichlorophenol			X_	
122 Parachlorometa cresol			X	
323 Chloroform (trichlorometrane)			χ	

National Electronics Plant Identification

Geneva, III. (60134)

Pric	ority Pollutant	KTBP	BTBP	BTBA	KTBA
024	2-chlorophenol	· · · · · · · · · · · · · · · · · · ·		X	
025	1,2-dichlorobenzene	***		X	- —
026	1,3-dichlorobenzene			X	
027	l,4-dichlorobenzene			X	
028	3,3-dichlorobenzidine			X	
029	1,1-dichloroethylene			. <u>X</u>	
030	1,2-trans-dichloroethylene			<u> </u>	
031	2,4-dichlorophenol			X	
032	1,2-dichloropropane			<u> </u>	
033	1,2-dichloropropylene (1,3-dichloropropene)			X	
034	2,4-dimethylphenol			X	
0:35	2,4-dinitrotoluene			X	
0:36	2,6-dinitrotoluene			X	
037	1,2-diphenylhydrazine	•		<u> </u>	
038	Ethylbenzene			<u> </u>	
039	Fluoranthene			X	+
040	4-chlorophenyl phenyl ether			X	
041	4-bromophenyl phenyl ether			X	
042	Bis(2-chloroisopropyl) ether			X	
643	Bis(2-chloroethoxy) methane			<u> </u>	
044	Methylene chloride (dichloromethane)		<u> </u>	X	
045	Methyl chloride (chloromethane)		-	X	
046	Methyl bromide (bromomethane)			X _	

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<u>Varian Associates</u> Company Namo

National Electronics Plant Identification

				<u>va, Ill</u>		34)
Pric	ority Pollutant	KTBP	Plant BTBP	Locat BTBA	KTBA	
047	Bromoform (tribromomethane)			X		
048	Dichlorobromomethane			X		
049	Trichlorofluoromethane			<u>. X</u>		
050	Dichlorodifluoromethane			X		
051	Chlorodibromomethane			X		
052	Hexachlorobutadiene					
053	Hexachlorocyclopentadiene	·	 .	X		
054	Isophorone			_X_		
055	Naphthalene			X		
056	Nitrobenzene			_X_		
057	2-nitrophenol			<u> </u>		
058	4-nitrophenol		-	<u> </u>	- 4	
059	2,4-dinitrophenol			X		
060	4,6-dinitro-o-cresol			<u> </u>	. ———	
061	N-nitrosodimethylamine			X		
062	N-nitrosodiphenylamine			X		
063	N-nitrosodi-n-propylamine			X		
064	Pentachlorophenol			X		
065	Phenol		<u></u>	<u> </u>		
066	Bis(2-ethylhexyl) phthalate			X		
067	Butyl benzyl phthalate	-		X_		
068	Di-n-butyl phthalate			X		
069	Di-n-octyl phthalate			<u> X</u>		
070	Diethyl phthalate			X		

		Pater a			
•		_Varia Compa	n Assoc ny Nam	iates	
	(l io Plant	nal_Ele Ident	ctronic ificat	S LOI
		Geneva, Ill. (60134) Plant Location			4)
Pric	ority Pollutant	<u>KTBP</u>	BTBP	BTBA	KTBA
071	Dimethyl phthalate			<u> </u>	
072	1,2-benzanthracene (benzo(a)anthracene)			· X	
073	Benzo(a)pyrene (3,4-benzopyrene)			<u> </u>	
074	3,4-Benzofluoranthene (benzo(b)fluoranthene)	·		<u> </u>	
075	<pre>11,12-benzofluoranthene (benzo(k)fluoranthene)</pre>			<u>X</u>	
076	Chrysene			<u> </u>	
077	Acenaphthylene			X	
078	Anthracene			X	
079	<pre>1,12-benzoperylene (benzo(ghi)perylene)</pre>			X	
080	Fluorene		 .	X	· ·
081	Phenanthrene			<u>X</u>	
082	1,2,5,6-dibenzanthracene (dibenzo(a,h)anthracene)			X	
083	<pre>Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene)</pre>			<u> </u>	-
084	Pyrene			X	
085	Tetrachloroethylene			X	
086	Toluene			X	<u> </u>
087	Trichloroethylene		<u> </u>		
088	Vinyl chloride (chloroethylene)			<u>X</u>	
089	Aldrin			·X	

•		n Assoc	iates	
(Comna	ny Nam	c	
(ر <u>Na</u> (nal Ele Ident	ctronic	S
		ident a, <u>Ill.</u>		
		Locat		<u>'4</u>
Priority Pollutant	KTBP	BTBP	BTBA	KTBA
090 Dieldrin			X	
091 Chlordane (technical mixture and metabolites)			X	
092 4,4-DDT			<u> X</u>	
093 4,4-DDE (p,p-DDX)			X	
094 4,4-DDD (p,p-TDE)			<u> X</u>	
095 Alpha-endosulfan			<u>X</u>	
096 Beta-endosulfan				<u> </u>
097 Endosulfan sulfate	·		X	
098 Endrin			X	
099 Endrin aldehyde			<u>X</u>	
100 Heptachlor			<u> X</u>	
<pre>101 Heptachlor epoxide (BHC-hexachlorocyclohexane)</pre>		<u></u>	<u> </u>	
102 Alpha-BHC			<u>X</u>	
103 Beta-BHC			_X	
104 Gamma-BHC (lindane)			_X	
105 Delta-BHC (PCB-polychlorinated biphenyls)			<u> </u>	
106 PCB-1242 (Arochlor 1242)			<u> </u>	
107 PCB-1254 (Arochlor 1254)			<u> </u>	
108 PCB-1221 (Arochlor 1221)			<u> </u>	
109 PCB-1232 (Arochlor 1232)			_X	
110 PCB-1248 (Arochlor 1248)			X	
111 PCB-1260 (Arochlor 1260)			X	

		Company Name National Electronics			
		Pld Gene		ificat . (601	
		Plant	Locut	ion	<u> </u>
Pric	prity Pollutant	KTBP	BTBP	BTBA	KTB.
112	PCE-1016 (Arochlor 1016)			<u> </u>	
113	Toxaphene			<u> </u>	
114	Antimony			_X	· <u></u>
115	Arsenic			X	
116	Asbestos		<u> </u>	→ <u>X</u>	
117	Beryllium			<u> </u>	 .
118	Cadmium			<u> X</u>	
119	Chromium			X	
120	Copper	<u> </u>			·
121	Cyanide	<u>X</u>			
122	Lead			X_	
123	Mercury		X	<u></u> C.	
124	Nickel	X			 .
125	Selenium			<u> </u>	 .
126	Silver		<u> X</u>		 -
127	Thallium			<u> </u>	
128	Zinc			X_	
129	2,3,7,8-tetrachlorodibenzo- p-dioxin (TCDD)			X	
*130	Xylenes			X	
* 131	Alkyl epoxides			X	

KTBP - Known to be Present BTBP - Believed to be Present KTBA - Known to be Absent BTBA - Believed to be Absent

^{*} Not listed in original consent decree



2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

Vorian / National Keslinger Rd. La Fox, Il. 60147

Closed Site National Electronics
Haz Waste Records
Seconds [[] [] [] [] [] []

NATIONAL ELECTRONICS

Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # $\frac{792594}{1500}$ is considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

Toxicity Infectious
Corrosiveness Infectious

Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Manager, Hazardous Waste Unit Land Technical Operations Section

Division of Land/Noise Pollution Control

JP:bv/0801B/3

cc: Site Owner/Operator Sheffeeld



2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

Varian National Keslinger Rd. La Fox, Vi. 60147



Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # 79289 considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

Joxicity	Infectious	Reactive
Corrosiveness	Flammability	 Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Manager, Hazardous Waste Unit

Land Technical Operations Section

Division of Land/Noise Pollution Control

JP:bv/08018/3

cc: Site Owner/Operator Sheffield



2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

Varian/National Keslinger Rd. La Fort, U. 60147 MATIONAL ELECTRONICS

Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # is considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

Toxicity	Infectious	Reactive
Corrosiveness	Flammability	Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Manager, Hazardous Waste Unit
Land Technical Operations Section

Division of Land/Noise Pollution Control

JP:bv/0801B/3

cc: Site Owner/Operator Sufficient



Environmental Protection Agency 2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

Varian / National Keslinger Rd. La Fox, V. 60147



Dear Special Waste Generator:

Pursuant to HB 453, and the Hazardous Waste criteria developed by the IEPA thereunder, the special waste which you generate and which is permitted for disposal under supplemental permit # _______ is considered hazardous. Therefore, this waste is subject to the fee of \$0.01/gal (or \$2.02/cubic yard) unless it is treated prior to disposal and made to be non-hazardous.

The waste was determined to be hazardous in the category or categories checked below.

Toxicity	Infectious	Reactive
Corrosiveness	Flammability	Persistence

All categories were not necessarily reviewed by the Agency.

Should you wish to challenge the Agency's designation, please submit documentation in the form of laboratory results for each of the categories checked above.

If you choose to submit additional data, laboratory procedures delineated in the IEPA Hazardous Waste criteria must be followed.

If you have any further questions or comments, please do not hesitate contacting us.

Very truly yours,

Michael L. Miller

Manager, Hazardous Waste Unit

Land Technical Operations Section

Division of Land/Noise Pollution Control

JP:bv/0801B/3

cc: Site Owner/Operator

Suffice

ILLIMOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	DATE 9/13/79 L PS N C AUTHORIZATION NUMBER 907 185 CODE TO (Agency Use) 15 TE 17	12,79
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4 7	ADDRESS ROUTE 3 CONTRUNITY FAU CLAIRE	· · · · · · · · · · · · · · · · · · ·
	COUNTY EAU CLAIRE STATE WI ZIP 54701 AREA CODE 715 TELEPHONE 834-9624	
	GENERATOR 089899000 B NAME WARTANIA TIONAL	
	CODE 0898990001 & NAME VARIAN/NATIONAL ADDRESS KESLINGER ROAD COMMUNITY LA FOX	
	COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300	
	-GENERATOR CONTACT NAME MARK PETERSON	
	-DUNS NUMBER SIC CODE	85
2 0	PROCESS NAME CLEANING	
6 7	MASTE CHARACTERISTICS	
-	GENERIC WASTE NAME SOLVENTS	
		\$ 0
Ε,	TRANSPORT FREQUENCY $\frac{7}{63}$ WASTE CLASS $\frac{1}{64}$ CAGENCY USE) $\frac{7}{64}$ (Agency Use) $\frac{7}{64}$	3
	TRANSPORT FREQUENCY 7 WASTE CLASS 1 = CUBIC YARDS 1 = SOLID	62
	63 (Agency Use) 64 65 . 2 = GALLONS 2 = SEMI-SOLIC 1 = ONE TIME 5 = MONTHLY 3 = LIQUID 2 = DAILY 6 = BI-MONTHLY 4 = GAS 4 = BI-NEEKLY 8 = SEMI-ANNUALLY	j
	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):	
50	INHALATION 7 DERMAL INGESTIVE 7 INFECTIOUS REACTIVITY EXPLOSIVE 70XICITY 70	
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7		REVIEWED BY: 40 1 51 51 54 66
1 2	SITE CODE 9 5 5 0 3 5 01 SITE NAME	WASTE RESEARCH AND RECLAMATION .
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4	SITE CODE - SITE NAME	
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	(SITE OWNER)	SIGNATURE (SITE OPERATOR)
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	SIGNATURE (SITE OWNER)	(SITE OPERATOR)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL MASTE DISPOSAL APPLICATION

PERMIT ISSUED

CARD TYPE	DATE 11-15-79 L PS N C AUTHORIZATION NUMBER 80005 TRANS CODE (Agency Use) To TE / TO	/
	1 B 8 13 14 15 16 17 WASTE HAULER	T 18 19 20
1 6	HAULER REGISTRATION NUMBER OOR NAME NUCLEAR ENGINEERING CO.	
6 7	ADDRESS P. D. BOY 158 COMMUNITY SHEEFIELD	
	COUNTY BUREAU STATE IL ZIP 6/36/ AREA CODE 8/5 TELEPHONE 4542628	
	WASTE GENERATOR	
	CODE 25 89899000 / 6 NAME VARIAN NATIONAL	
	ADDRESS KESLINGER RD. COMMUNITY LAFOX	
	COUNTY KANE STATE IL ZIP 60/47 AREA CODE 3/2 TELEPHONE 2324300	
	GENERATOR CONTACT NAME MARK PETERS ON	
	DUNS NUMBER 009/208/7 SIC CODE 31.73	6 5
20	PROCESS NAME CLEANING	
6 7	MASTE CHARACTERISTICS	
	GENERIC MASTE NAME SPENT_DIXED_SOLVENTS	·
4 0	IUPAC WASTE NAME	BO
6 7	TOTAL ANNUAL WASTE VOLUME	73.
	TRANSPORT FREQUENCY 7 WASTE CLASS 1 = CUBIC YARDS 1 = SOLID	6 2
	(Agency Use) 64 66 2 = GALLONS 2 = SEMI-SOL 1 = ONE TIME 5 = MONTHLY 3 = LIQUID	ID
	2 = DAILY 6 = BI-MONTHLY 4 = GAS 3 = WEEKLY 7 = QUARTERLY	
	4 = BI-WEEKLY B = SEMI-ANNUALLY	
5 0	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):	
$\frac{5}{6} \frac{0}{7}$	INHALATION DERMAL INGESTIVE TOXICITY 3 TOXICITY 2 TOXICITY 3 INFECTIOUS REACTIVITY EXPLOSIVE 22 22 24 25 27	-
	FLASH POINT 3 0 F ALPHA RADIATION 1 (pCi/L) COMPOSITION 2	
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	- 5 - 21 22	- 70 71 74

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ALL NECESSARY SAFETY PRECAUTIONS WILL BE TAKEN

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STATE OF ILLINOIS

DATE	11-15-79	<u> </u>	AUTHORIZATIO	N NUMBER		TRANS CODE	DATE EN (Agency	TERED Use)	6 / 17 18 / 19 20
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7 21	SITE CODE	2110	2503	SITE NAME	SHEFFIELD /	NUCLEAR	ر س	<u>-</u> 2. (0 Gers
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	51 55112	(SITE	OWNER)	····	_	(SITE	OPERATOR)		
3 21	SITE CODE	22 — — —		SITE NAME					
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4				SITE NAME		-			
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	SIGNATURE	(SITE	OWNER)		SIGNATURE _	ESTE	OPERATOR)		

ADH-1067 (REY. 7/78) (REY. 3/79)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	DATE $11-15-79$ L PSNC AUTHORIZATION NUMBER $\frac{792894}{8}$ CODE $\frac{1}{14}$ (Agency Use) $\frac{1}{15}$ 18 18 19 20
-	WASTE HAULER
$\frac{1}{6} \frac{6}{7}$	HAULER REGISTRATION NUMBER Q Q R & NAME NUCLEAR ENGINEERING CD.
6 /	ADDRESS P. D. Boy 15 8 COMMUNITY SHEEFIELD
	COUNTY BUREAU STATE IL ZIP 6/36/ AREA CODE 8/5 TELEPHONE 4542624
	MASTE GENERATOR
	CODE 28989900/6 NAME VARIAN/NATIONAL
	ADDRESS KESLINGER RD. COMMUNITY LAFOX
	COUNTY KANE STATE IL ZIP 60/47 AREA CODE 3/2 TELEPHONE 2324300
	GENERATOR CONTACT NAME MARK PETERS ON
-	DUNS NUMBER 009/208/7 SIC CODE 3473
20	PROCESS NAME CLEANING
6 /	WASTE CHARACTERISTICS
	GENERIC WASTE NAME SPENT DIXED SOLVENTS
4 0	IUPAC WASTE NAME
6 ,	TOTAL ANNUAL WASTE VOLUME 17500 VOLUME UNITS 2 MASTE PHASE 3
	TRANSPORT FREQUENCY / WASTE CLASS 1 = CUBIC YARDS 1 = SOLID
	63 (Agency Use) 64 66 2 = GALLONS 2 = SEMI-SOLID 1 = ONE TIME 5 = MONTHLY 3 = LIQUID
	2 = DAILY 6 = BI-MONTHLY 4 = GAS 3 = WEEKLY 7 = QUARTERLY
	4 = BI-WEEKLY 8 = SEMI-ANNUALLY
	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):
5 7	TOXICITY 3 TOXICITY 2 TOXICITY 3 INFECTIOUS REACTIVITY EXPLOSIVE 26
	FLASH POINT 3 0°F ALPHA RADIATION (pc1/L) COMPOSITION
	1 - ORGANIC
	2 = INORGANIC
	PERCENT PERCENT TOTAL PERCENT
	PERCENT TOTAL PERCENT ACIDITY 38 46 SOLIDS 47 ASH CONTENT 55 55
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	5 <u>6 </u>

ALL NECESSARY SAFETY
PRECAUTIONS WILL BE
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SECTION "C'

NOV 20 1979

E.P.A. - D.L P.C. STATE OF ILLINGS

TYPE	DATE	$\frac{1}{1}$ Authorization number $\frac{1}{1}$	93894 TRANS A DATE ENTERED 1516 (Agency Use) 1516 (Agency Use) 1516 (Agency Use)
		WASTE CHAI	RACTERISTICS
7 0	META	L KEY TOTAL (PPM) LEACH (PPM) METAL	KEY TOTAL (PPM) LEACH (PPM)
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		(SITE OWNER)	SIGNATURE (SITE OPERATOR)
	2	SITE CODE SITE NAME	
	21	DISPOSAL METHOD NEUTRALIZATION METHOD	32 33
		STATUS START DATE 35 36 37 38 39 40	EXPIRATION DATE / / / / / / / / / / / / / /
		SIGNATURE	SIGNATURE
·		(SITE OWNER)	(SITE OPERATOR)
	3 21	SITE CODE SITE NAME _	
		DISPOSAL METHOD NEUTRALIZATION METHOD	32 33
		STATUS START DATE 36 36 37 38 39 40	EXPIRATION DATE / / 43 44 / 45 48
		SIGNATURE (SITE OWNER)	SIGNATURE (SITE OPERATOR)
	4 21	SITE CODE SITE NAME	
	21	DISPOSAL METHOD NEUTRALIZATION METHOD	_
			32 33 EXPIRATION DATE / / / 43 44 / 45 46
	14	STATUS START DATE / / 36 36 37 38 39 40 SIGNATURE	SIGNATURE
		(SITE OWNER)	(SITE OPERATOR)
	<u>5</u>	SITE CODE SITE NAME	
•	•	DISPOSAL METHOD NEUTRALIZATION METHOD	
34	1	STATUS START DATE / / / 38 38 38 30 40	32 33 EXPIRATION DATE 41 42 43 44 46 46
A .	.	SIGNATURE (SITE DWNER)	SIGNATURE (SITE OPERATOR)
		(Stie owner)	(JAIL OFLINION)

ADH-1067 (REV. 7/78) (REV. 2/79)

For a horizonal

ILLIMOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

PERMIT ISSUED

CARD TYPE	DATE //-/5-79 LPSWC AUTHORIZATION NUMBER 8 000 6 TRANS CODE (Agency Use) TO TE TE / TO TE	त्र । इंट के	5 -
167	HAULER REGISTRATION NUMBER QQ & 8 NAME NUCLEAR ENGINEERING CO.		_
• ′	ADDRESS P. D. BOX 158 CONMUNITY SHEFFIELD		
	COUNTY BUREAU STATE IL ZIP 6/36/ AREA CODE 8/5 TELEPHONE 4542634		_
	WASTE GENERATOR		
	CODE 089899000 6 NAME VARIAN NATIONAL		
	ADDRESS KEELINGER RS. COMMUNITY LA FOR		_
	COUNTY KANE STATE IL ZIP 60147 AREA CODE 3/2 TELEPHONE 2324300		_
	GENERATOR CONTACT NAME DARK PETERSON		
	DUNS NUMBER 001/208/7 SIC CODE 3633	66	
2 0	PROCESS NAME SILLICON ETCH		
6 7	MASTE CHARACTERISTICS		
	GENERIC WASTE NAME SPENI MIXED ACLDS		
4 0	IUPAC WASTE NAME	8 0	
6 7	TOTAL ANNUAL WASTE VOLUME	<u>≅</u>	
	TOTAL ANNUAL WASTE VOLUME 1	6 2	
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	2 = DAILY 6 = BI-MONTHLY 4 = GAS 3 = MEEKLY 7 = QUARTERLY		
	4 = BI-WEEKLY 8 = SEMI-ANNUALLY		
• •	(Code either "l" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):		
5 0 6 7	INHALATION DERMAL INGESTIVE TOXICITY 3 TOXICITY 3 TOXICITY 3 INFECTIOUS REACTIVITY EXPLOSIVE 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20		
	FLASH POINT 27 20 0 of ALPHA RADIATION (pc1/L) COMPOSITION 37 36		
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ALL NECESSARY SAFETY PRECAUTIONS WILL BE TAKEN

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E.P.A. — D.L.P.C.

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9 <u>0</u>	1	SITE CO	DE 🚅	<u> </u>	L _D _	<u>950</u>	SITE &	NAME _	SHLE	FIELL	LNUC	LEAR	12	02	222	. /	1
		DISPOSA	L METH	IOD 1	2 }	NEUT	AL IZATION	METHOD	32 33	ī	02	06	81	٠.		Ju.	Z.
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ADN-1067 (REV. 7/78) (REV. 3/79)



Environmental Protection Agency 2200 Churchill Road, Springfield, Illinois 62706

217/782-6760

Dear Generator:

Enclosed are manifests to be used to accompany the transport of your waste material to a treatment, storage or disposal facility. The numbers needed to complete the manifests can be found on the enclosed completed copy of the Special Waste Disposal Application. When completing the manifest, the authorization number, generator code, and site code on the Special Waste Disposal Application must be used. The S.W.H. Registration Number to be completed on the manifest is the number which is displayed on the side of the hauler vehicle. Also enclosed is an example manifest and explanation.

These numbers and manifests have been assigned to you so that you can comply with the Chapter 9: Special Waste Hauling Regulations. The Agency is not issuing a permit. Further, the Agency does not certify the environmental compliance status of the treatment, storage, or disposal facility. Nor does it attest to the facility's ability to properly handle your waste. In the future the Agency will seek to confirm each facility's compliance and capabilities, however, at present it is the generator's responsibility to assure that its wastes are treated, stored or disposed of properly.

All information on the completed Special Waste Disposal Application is being entered in the Agency's computer data bank. Should you choose to utilize a different treatment, storage, or disposal facility, please advise this office in advance so that the computer records can be updated to assure compatibility with your completed manifests. In addition, the Agency will provide you with a new site code to be used when completing the manifest.

If you have any questions regarding this matter, please contact this office at (217) 782-6760.

Very truly yours,

Michael L. Miller, Manager

Hazardous Waste Unit

Division of Land/Noise Pollution Control

MLM: jb/8574A/2

Enclosures



Environmental Protection Agency 2200 Churchill Road, Springfield, Illinois 62706

INSTRUCTIONS FOR FILLING OUT THE MANIFEST FORMS

The Generator is responsible for information completed in the upper two-thirds of the form.

In conjunction with the Special Waste Disposal Application forms, the Authorization Number on the Manifest, 8 thru 13, is the same as 8 thru 13 on Special Waste Disposal Application.

Generator Number, 14 thru 24, is the same as Generator Code Number, 25 thru 35, on the Special Waste Disposal Application.

Special Waste Hauler Numbers, 25 thru 31, are as follows: The first four numbers are the Hauler Registration Number, items 21 thru 24 of the S.W.D.A. The next three numbers are the Vehicle Number. Both of these set of numbers can be obtained from the Decal on the vehicle transporting the waste.

The Site Number, 39 thru 46, is the same as Site Code, 22 thru 29, of the S.W.D.A.

Waste Name is the Generic Waste name on the S.W.D.A.

Hauler, when filling out the quantity of waste, use the spaces on the right side if the quantity is less than six (6) figures.

(Circle One) Gallons, Cubic yards and place the number beside each on line 53.

Circle the method of shipment. The hauler must sign in the space for Authorized Signature and fill in date numbers, 54 thru 59.

After completed, the generator then pulls the last two (2) copies, keeping the last copy (yellow, part 6) and sending the next to last copy (green, part 5) to Illinois Environmental Protection Agency.

MPLETED BY	STATE OF ILLINOIS	000005
GENERATOR	ENVIRONMENTAL "ROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL	1 7 · · · · · · · · · · · · · · · · · ·
	SPECIAL WASTE HAULING MANIFEST WASTE GENERATOR	Authorization Number 123456
<u>HBC</u>	123 474 57	
(Company Name) Windy	Address	G Generator Number 24
City	WASTE HAULER(S)	
Bob Jones Hauler Nanie	Haufer Address	S.W.H. Registration Number 001001
?)Hauler Name	Huuler Address	S W.H. Registration Number 32 38
	DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE	
Windy Smith (Pacify Name)	1 ST ave. Address	
City	State Lip	_
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DATE	(Authorized Signature)	
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METHOD OF SHIPMENT (Circle One) . Di		OTHER(Specify)
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(Authorized Signature)	 ,	DATE/
(Authorized Signature)		DATE//
DISPOSAL, STORAGE, OR TREATMENT FACILITY*		
HEREBY CERTIFY THAT THE ABOVE DESCRIBED SPECIAL WAS	IE AND INDICATED QUANTITY HAS BEEN ACCEPTED.	
(Authorized Signature)	· · · · · · · · · · · · · · · · · · ·	DATE://
OMMENTS OR SPECIAL INSTRUCTIONS.		
N ILLINOIS 217 / 782 3637	'24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS'	OUTSIDE ILLINOIS 800 424 8802

PART 2 IEPA PART 3 SITE PART 4 HAULER PART 5 IEPA PART 6 GENERATOR

N HLLINOIS - 217 / 782-3637 DISTRIBUTION - PART - 1 GENERATUR

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	DATE LPSWC AUTHORIZATION NUMBER 23456 CODE (Agency Use) 15 16 17 18	/ 255 755
	WASTE HAULER	
167	HAULER REGISTRATION NUMBER 0010 NAME BOS JONES	
6 7	ADDRESS COMMUNITY	
	COUNTY STATE ZIP AREA CODE TELEPHONE	
	WASTE GENERATOR	
	GENERATOR CODE 03/26/000/6 NAME FB C ADDRESS 123 474 57 COMMUNITY Windy COUNTY STATE 14 71P 6200 AREA CODE TELEPHONE	
	ADDRESS 123 474 ST COMMUNITY Windy	
	COUNTY STATE 14 ZIP 6200 AREA CODE TELEPHONE	
	GENERATOR CONTACT NAME	
	DUNS NUMBER SIC CODE	65
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	TOTAL ANNUAL WASTE VOLUME TRANSPORT FREQUENCY 63 (Agency Use) TRANSPORT FREQUENCY 63 (Agency Use) TRANSPORT FREQUENCY 64 CAGENCY Use)	!
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	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):	
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	$\frac{5}{21}$ $\frac{7}{22}$ $\frac{5}{22}$ $\frac{6}{48}$ $\frac{6}{49}$	·
		/4

CARD Type	DATE	<u>L P S W C</u>	AUTHORIZATION NUMB	ER / 4	23456	TRANS DATE EI CODE (Agency	(TERED / Use)//
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. A.FOR. THE REMOVAL OF SOLVENTS ONLY TO BE COMPLETED BY STATE OF ILLINOIS WASTE GENERATOR

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL SPECIAL WASTE HAULING MANIFEST

<u>0156875</u>

				WASTE GENERA	TOR	Authorization	Number 7 7 7 7 8 3
VARI	(Company Name)	DALAGI	KEJC	WG ER.	ROAD		
	(Company Name)			MG EKC Address	ROAD 60147	089	8 9 9 0 0 0 1 G Generator Number 24
LA	Fox		ILL	2106	60147	14	Generator Number 24
	City						
				WASTE HAULER(S)		GAT THESE NO. FROM TRUCK
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*/	Hauler Name	E'RECIAMATI	H	lauler Address		J. H. H. Registration Num	25 31
2)	Hauler Name			auler Address		S.W.H. Registration Nu	mber
	- Hauter Name				E OR TREATMENT SITE		
				5101 0012 570711101	E ON MEMBER SILE		
WASTE	RESEARCH	AND ROCLA	MATION	POUTE	3		9 5 5 0 3 5 0 1 Site Number 46
	(Facilitý Name)		WIS CON	Address		· ·	39 Site Number 46
FAU	CLAIRE		WISCON	المراك	<u> 54701</u>	_ .	
0 PE 404401 6TE	City		State		έιp		
O BE COMPLETE Vaste generat		•					
	 Waste Name:	SOLVER	JT S			WASTE PHASE:	Quin
	MASIL MARIC.					THOSE I HASE.	(Liquid, Gaseous, Solid)
ACCORDANCE WI	TH THE APPLICABLE REC	IED SPECIAL WASTE IS PA GULATIONS OF THE DEPAR VE WRITTEN INFORMATION	RTMENT OF TRANSP	.D, DESCRIBED, PAC ORTATION.	KAGED, MARKED, AND	LABELED AND IS IN PROPER (CONDITION FOR TRANSPORTATION.
DATE:	DAYS DAT	<u>.</u> e		(Authorized Signatu	nte)		
VASTE HAULER*						1 GALLONS	(Circle One)
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ISPOSAL, STORA	GE, OR TREATMENT F						
							
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	(Authorized Signatu	10)				<u> </u>	63
OMMENTS OR SPE	CIAL INSTRUCTIONS:		,				<u> </u>
I ILLINOIS: 217 /	782-3637	PART 2			SSISTANCE NUMBERS		OUTSIDE ILLINOIS: 800 / 424-8802

PULL THE LAST GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

COPIES OF THIS FORM - KEEP THE LAST COPY (YELLOW) IAL- PLAN CHOREN - TODA

NATIONAL ELECTRONICS/a varian division/geneva, illinois 60134 (312) 232-4300

November 8, 1979

Ms. Vicki Lenz Nuclear Engineering Co., Inc. 9200 Shelbyville Road Suite 526 P. O. Box 7246 Louisville, Kentucky 40207

Dear Vicki:

Please find attached the Illinois Environmental Protection Agency forms; in addition, I have enclosed our account information form that you requested.

I have contacted the I.E.P.A. and requested expediency in processing these applications as winter will soon be upon us.

Thank you for your assistance in expediting this situation.

Sincerely,

Mark D. Peterson, Buyer

NATIONAL ELECTRONICS

MDP:iem

Enc.

cc: R. L. Prevost

H. Haase

E. F. Loeb

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	RD PE DATE 11/04/79 LPSWC AUTHORIZATION NUMBER CODE (Agency Us.	ED e)//
	WASTE HAULER	15 16 17 18 19 20
16	6 HAULER REGISTRATION NUMBER 21 34 NAME	
• /	ADDRESS CONMUNITY	
	COUNTY STATE 21P AREA CODE TELEPHONE	· · · · · · · · · · · · · · · · · · ·
	WASTE GENERATOR	
	GENERATOR CODE 6 NAME VARIAN/NATIONAL	
	ADDRESS KESLINGER ROAD COMMUNITY LA FOX	
	COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE	2324300
	GENERATOR CONTACT NAME MARK_PETERSON	
	DUNS NUMBER 00-912-0817 SIC CODE 367300	85
<u>2 0</u>	PROCESS NAMECLEANING	·
• ,	WASTE CHARACTERISTICS	ВО
	GENERIC WASTE NAMESPENT_MIXED_SOLVENTS_	
4 0 7	D TUPAC WASTE NAME	3 0
• /		WASTE PHASE $\frac{30}{3}$
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	1 = ONE TIME 5 = MONTHLY 2 = DAILY 6 = BI-MONTHLY	2 = SEMI-SOLID 3 = LIQUID 4 = 6AS
	3 = WEEKLY 7 = QUARTERLY 4 = BI-WEEKLY 8 = SEMI-ANNUALLY	4 - 00
	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 th	hrough 26):
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	5 22	-

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	DATE 11 06 79 L PSWC AUTHORIZATION NUMBER TRANS CODE THE CODE THE TOTAL
	MASTE HAULER
16	HAULER REGISTRATION NUMBER NAME
• ,	ADDRESSCOMMUNITY
	COUNTY STATE ZIP AREA CODE TELEPHONE
	GENERATOR CODE 6 NAME VARIAN/NATIONAL
	ADDRESS KESLINGER ROAD COMMUNITY LA FOX
	COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232 4300
	GENERATOR CONTACT NAME
	DUNS NUMBER 00-912-0817 SIC CODE 367300
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	GENERIC WASTE NAMESPENT_MIXED_ACIDS
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ILLIMOIS ENVIRUNMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL MASTE DISPOSAL APPLICATION

CARD TYPE	DATE 11/06/79 1 PSNC AUTHORIZATION NUMBER	TRANS DATI	E ENTERED ency Use} / /
		WASTE HAULER	ישר דו שר דו שר פו
16	HAULER REGISTRATION NUMBER 27 - NAME		
• ,	ADORESS 21 24	COMMUNITY	
	COUNTY STATE ZIP	AREA CODE TELEPI	HONE
	FENEDATOD	NASTE GENERATOR	••
	GENERATOR CODE 6 NAME	YARIA N/NATIONAL	
	ADDRESS KESLINGER ROAD	COMPOUNTTY LA FOX	
	COUNTY KANE STATE IL ZIP	60147 AREA CODE 312 TELEPH	10NE 232 4300
	GENERATOR CONTACT NAME	PETERSON	
	DUNS NUMBER 00-912-0817 SIC CODE		øs –
<u>2 0</u>	PROCESS NAME	ATING	
• '	<u> VAST</u>	TE CHARACTERISTICS	
	GENERIC MASTE NAMECYANID	E SOLUTION_	
40	THPAC WASTE NAME		
• •	TOTAL ANNUAL WASTE VOLUME	55 VOLUME UNITS 2	WASTE PHASE 3
	TOTAL ANNUAL WASTE VOLUME TRANSPORT FREQUENCY 43 ASTE CLASS (Agency Use) 1 = DNE TIME	1 = CUBIC YARDS	1 = SOLID
	1 = DRE TIME 5 = MONTHLY 2 = DAILY 6 = BI-MONTHLY	S E BALLONS	2 * SEMI-SOLID 3 * LIQUID 4 * GAS
	3 = WEEKLY 7 = QUARTERLY 4 = BI-WEEKLY 8 = SEMI-ANNUALLY		4 * BAS
	(Code either "I" for Low, "2" for Kedium, or "3	i" for High as appropriate for column	is 21 through 26):
5 0	INHALATION DERMAL INGESTIVE TOXICITY TOXICITY 2	INFECTIOUS REACTIVITY	3 EXPLOSIVE _
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APPLICATION FOR ACCOUNT

NUCLEAR ENGINEERING COMPANY, INC.

BUSINESS NAME VARIAN/NATIONAL - DIVISION OF V	ARIAN ASSOCIATES, INC.			
ADDRESS P. O. BOX 269 ZIP	Y/STATE/ CODE GENEVA, ILL. 60134			
PHONE # 312/232-4300 OWNERSHIP	PARTNERSHIP CORPORATION X			
OWNER/PARTNER .	PARTNER			
ADDRESS	ADDRESS			
OWNER/PARTNER BANK	PARTNER BANK			
BANK REFERENCES:	P.O. BOX 38026			
1) BANK NAME CROCKER NATIONAL BANK				
PHONE # 415/983-2624	PERSONAL CONTACT			
2) BANK NAME FIRST NATIONAL BANK OF GENEVA				
PHONE # 312/232-6700	PERSONAL CONTACT			
ACCOUNT # BANK NAME	TYPE OF ACCOUNT ACCOUNT			
031-750121 CROCKER NATIONAL	BANK DEMAND DEPOSIT-PAYABLE			
1) NAME CENTRAL STEEL & WIRE CO.	3000 W. 51ST ST. ADDRESS CHICAGO, IL 60680			
PHONE # 800-972-0188	PERSONAL CONTACT LEN HEINZ			
2) NAME CORNING GLASS WORKS	MAIN PLANT-BLDG 8-5TH FLC			
PHONE # 607/974-7907	PERSONAL CONTACT DAN MACMILLAN			
3) NAME ALLIED CHEMICAL CORPORATION	P.O. BOX 1087R ADDRESS MORRISTOWN, NJ 07960			
PHONE # 800-631-8050	PERSONAL CONTACT VITTO SARONE			
I hereby certify all statements to be true and made with Nuclear Engineering Company, Inc. (NECO) and fu investigation as may be necessary to verify the info our credit standing. SIGNATURE	rther authorize NECO to conduct such rmation provided herein and to evaluate TITLE			
This statement must be signed by an authorized offic credit, and failure to provide the necessary informa				
result in the rejection of any and all credit.				

PLEASE ENCLOSE YOUR LATEST FINANCIAL STATEMENTS



Programme Reference

Leading to the second

2200 Churchill Road, Springfield, Illinois 62706

November 5, 1979

Dear Manager:

GCA/Technology Division is conducting a mail survey for the Illinois Environmental Protection Agency. This survey is being sent to approximately 25,000 industries in Illinois. The purpose of this survey is to develop a data base for assisting the Agency in developing a program for dealing with toxic and hazardous industrial wastes. It is not the intent of this survey to initiate any enforcement action against those responding to the survey.

The Agency is authorized to collect such information under Section 4(b) of the Illinois Environmental Protection Act. This information should identify potential problems faced in the generation, treatment, disposal or reclamation of industrial wastes. In addition to identifying these problems, the Agency should be able to start sorting out those industries who might have relatively few if any problems, and who consequently might be exempted from certain regulations. With the data base developed, the Agency, and Illinois industries and municipalities can then be alerted to focus upon, and deal with their problems effectively.

Please complete the questionnaire and return it in the enclosed envelope by December 8, 1979. Thank you for your cooperation.

Sincerely,

Michael P. Mauzy

Director

MPM:AC:mgg592b/1



ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by GCA Corporation/Technology Division, Bedford MA 01730

	Please indicate corrections to information in the space provided below:
	VARIAN ASSOCIATES* KESLINGER ROAD GENEVA IL AARON KESTENBAUM 0350 3573-3073- 14397 60134 441 312/252-4300
1	Name: VARIAN/NATIONAL 7:36 Street: KESLINGER ROAD City: LA FOX, IL Zip: 60147 75-80
2	
	General Facility Description — The following information is necessary for data analysis purposes:
	Nature of Business: MANUFACTURE INDUSTRIAL TUBES AND SEMICONDUCTORS. Number of Employees: 35.54 S5.59 RJ
3	Standard Industrial Classification (SIC) Codes: Primary: 3673 Additional: 11-14 15-18 19-22 23-26 27-30
	7.10 11.14 15.18 19.22 23.26 27.30
	SECTION 1
	This section deals with wastewaters discharged to any municipal sewers, or to any streams, lakes, or other surface waters.
	Most of the questions contained below are either explained in the question, or are self-explanatory. We have tried to design the questionnaire such that most of the responses will not require extensive file searches. Unfortunately, some of the questions will require some work; however, we only ask for this information because it is very important to Illinois' developing a realistic, workable program that is fair to all.

This is a "dry" operation: Yes \square No \boxtimes 31-1

check "no" and continue answering questions 2-12.

sure, then your best estimate will be an acceptable response.

Please answer all questions as completely as possible. If the information is just not obtainable, then do not answer the question. If you believe you have a reasonably good answer to a question, but do not know for

If your facility is essentially "dry" and: 1) has no water or wastewater discharge to any stream, lake or
other surface water, and 2) has no discharge, other than domestic wastes and storm water, to any sewer
system, then please check the "yes" box below and proceed to PAGE 5 of this questionnaire. This probably means that your operation will not be covered by the pretreatment regulations. Otherwise, please

GENERAL INFORMATION

This questionnaire is divided into two sections: the wastewaters section and the waste needs assessment section. Instructions and explanation are given at the beginning of each section. Please read through these instructions before filling out the questionnaire.

The Agency and GCA/Technology Division have arranged for support and assistance from some municipalities in conducting the survey. You may be contacted by them regarding the status of the questionnaire.

Questions related to this survey may be directed to the following:

Hans Klemm or Mary Anne Chillingworth at GCA/Technology Division, Bedford, Massachusetts (617) 275-9000; (collect)

or

Aaron Chan, IEPA/Division of Water Pollution Control, Springfield, Illinois (217) 782-0610, Ross Grove, IEPA/Division of Land Pollution Control, Springfield, Illinois (217) 782-6760.



ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE
Study Performed for Illinois Environmental Protection Agency by
GCA Corporation/Technology Division, Bedford MA 01730

2.	Facility Water Intake a) Estimated Total Volume (See Volume Codè Key)			
	b) Intake Sources (Check appropriate boxes) 33			
3.	Facility Water Use and Volume (See Volume Code Key) 37 3 Non-Contact Cooling Water Boiler Feed Water Process Wastes and Contact Cooling Water Sanitary Wastes Other Sources of Water Discharge N/A (Intake water not discharged, i.e., evaporative losses, part of final product)			
	Volume Code Key (gallon/day) 1 — 0 to 1,500			
4.	If waste generation changes seasonally, indicate by month (i.e., January = 01, February = 02, etc.) the peaks 43-44Peak 1 45-46Peak 2 47N/A			
5.	If discharge is to a sewer and is of a batch nature, please indicate the number of batches per day: O 48-49 RJ			
6.	Has an NPDES permit been issued to your facility? Yes ☑ No ☐ 50-1 50-2			
7.	Chicago Metropolitan Sanitary District area industries only: please provide your federal tax number (FID):			



5 2,4-Dichlorophenol

ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE

Study Performed for Illinois Environmental Protection Agency by GCA Corporation/Technology Division, Bedford MA 01730

8. 4 6	or	are they suspected of containing (i.	e., if they are p	rs, streams, lakes, or other surface waters contain, resent in any of your raw material, or finished prowhich ones by checking appropriate box(es).
		Antimony Arsenic Asbestos	42-6 [] 7 [] 8 []	Dichloropropane and dichloropropene 2,4-Dimethylphenol Dinitrotoluene
3	h	Beryllium		Diphenylhydrazine
5		Cadmium	, C	Endosulfan and metabolites
J		Cadman	*	Endodarian and metabolites
6		Chromium	47:1	Endrin and metabolites
7		Copper	2 🔲	Ethylbenzene
8	V	Cyanide	з 🔲	Fluoroanthene
9		Lead .	4 🗀	Haloethers
0	U	Mercury	5 🔲	Halomethanes
	~~/			
17-1	<u>F</u>	Nickel	6 LJ	Heptachlor and metabolites
2		Selenium	7 ∐	Hexachlorobutadiene
3	Ц	Silver	8 🗀	Hexachlorocyclohexane
4	Ц	Thallium	9 🗀	Hexachlorocyclopentadiene
5		Zinc	0 🗀 -	Isophorone
	\Box	Acenaphthene	57-1	Naphthalene
7		Acrolein	2 🗌	Nitrobenzene
	$\overline{\Box}$	Acrylontrile	з 🗀	Nitrophenois
		Aldrin/Dieldrin	4 🗆	Nitrosamines
0		Benzene	5 🔲	Pentachlorophenol
			-	•
27-1		Benzidine	• 💆	Phenol
2		Carbon tetrachloride	7 ∐	Phthalate esters
3		Chlordane		Polychlorinated biphenyls (PCBs)
4		Chlorinated benzenes	9 🛄	Polynuclear aromatic hydrocarbons
5	Ш	Chlorinated ethanes	□ •	2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)
_		Chloroalkyl ethers	67-1	Tetrachloroethylene
7		Chlorinated naphthalene	2 🗌	Toluene
		Chlorinated phenols	э 🗆	Joxaphene
6		Chloroform	4 🗹	Trichloroethylene
_		2-Chlorophenol	5 🗌	Vinyl chloride
0	L .,J	z-omorophenoi		•
37-1		DDT and metabolites	6 🗆	Oll and grease
2		Dichlorobenzenes		·
3		Dichlorobenzidine		•
4		Dichloroethylenes		•



ILLINOIS INDUSTRIAL PRETREATMENT QUESTIONNAIRE

	9.		t of this ques	tion may a	id IEPA	in definin		cked in question 8? Note — response eed for adequate laboratory facilities	
5 6		YES NO	□ N/A [7-3		•			
		If YES, give:						•	
		Name of Lab _	Illi 100	ois E	PA	LAB #	Coc	3678	·····
		Address	38-62	-			 -		
		City _	Chicag 63-75	<u> </u>			<u>.</u>		
		State _	Illino	is					
	10.	propriate box(es).					tary W	aste and Storm Water.) Check ap-	
		a) Treatment prov			erstrea	ins:			
6			-pH adjustme					6—Filtration	
			Skimming a		_			7—Activated sludge	
			Coagulation			ion -		8—Other	
		_	Dissolved ai				15 📙	9-No treatment provided	
		11 🗹 5—	Pits, ponds,	or lagoons	S				
		b) Treatment pro propriate box(_	_			ny wastewater treatment. Check ap-	
				16		1—Biologi			•
						2—Physica	al/Chen	nical	
				18		3None			
	11.		at your plant	, please in	dicate	their manr		xcluding sanitary wastes and storm ultimate disposition, and the volume	
		Discharge or final	disposition	of wastes	(use V	alume Cod	le Key):	;	
				19	4	Streams,	lakes,	or other surface water	
								y to municipal treatment works	
						Storm se	wers		
						. Well injed	ction		
				23		. Undergro		rcolation	
		•				Non-over	•		
						Land app	7		
						. Recycled			
				27					
				-			•		
		Volume Code K	(ev (gallon/d	av)				•	
		1 — 0 to		-11	5	5 50,000	to 100	0,000	
			to 10,000		€	3 — 100,0 0	0 to 50	00,000	
			00 to 25,000			<u> </u>			
	ĺ	4 25,00	00 to 50,000		8	3 — Greate	er than	1,000,000	



Study Performed for Illinois Environmental Protection Agency by GCA Corporation/Technology Division, Bedford MA 01730

WASTE NEEDS ASSESSMENT

This section of the survey pertains to the classification, storage, and disposition of wastes generated by an industrial process or of sludges generated by the treatment or pretreatment of any effluent. It is not concerned with those wastes which are discharged to any surface water (e.g. stream, river, lake) or to any sewer or storm water system. It is only concerned with those wastes including pretreatment sludges which are ultimately disposed onor off-site in landfills, surface impoundments, incinerators, deep wells, barrels, or land farms and with wastes which are sent to reclamation/recycling centers or waste exchanges.

Waste Types

The industrial wastes charts on the next two pages list the general waste types of interest in this survey. They are organized by physical state: liquids, sludges, and solids, and divided within each category into organic and inorganic wastes. Please note that specific waste names are not requested. Rather, you are asked to report your wastes under general waste categories. If your waste does not fall into one of the listed categories, please put it in "other" and indicate what the waste is in the comments column on the right-hand side of the chart. The "comments" column may be used to specify waste types, when requested. Radioactive wastes have been excluded from this survey.

pН

For water-based liquids and sludges, please indicate whether they are (1) acidic (pH<5), (2) alkaline (pH>9) or (3) neutral (pH 5-9) by filling in the appropriate code number.

Percent Solids

For sludges resulting from wastewater treatment or pretreatment, indicate the percent solids (by weight), if known.

Storage Method

Check the appropriate box. (~)

Storage Time

Indicate the approximate storage time, in months. If storage is less than one month, fill in a "0".

Waste Quantities

In the space provided, report the waste quantity and unit code (gallon/year = 1, cubic yards per year = 2, and tons per year = 3). If the waste quantities are not readily known, please try to estimate the amounts. For example, if a waste disposal firm picks up five 55-gallon drums of oil per month, then the annual amount is 12x5 = 60 drums per year = 60x55 gallons = 3300 gallons per year.

Waste Disposal Method

Please check (ν) the appropriate waste disposal method used for each waste generated at your plant. If you check "other", please specify the method in the "comments" column to the right. Only check one disposal method per line (see important note below).

Disposal Location

Check (✓) the appropriate box.

Important Note

If more than one disposal method is used for a particular waste category, it is important to divide that waste by disposal method, putting one disposal method opposite the preprinted waste category and relisting that category name at the bottom of the chart and reporting the other disposal method(s). For example, if your facility generates 1000 gallons per year of waste oil and half is burned at the plant and half is picked up for reclamation, then 500 gallons would be reported, with "incineration as fuel" and "on-site" entered opposite "oil." At the bottom of the chart, you would write in "oil" and fill in 500 gallons per year and check "recycle/reclaim" and "off-site-Illinois." Additional space is provided on the back of the questionnaire for any additional waste types or disposal methods.



7 ,.	WASTE TYP	Ē		СН	ASTE ARAI RISTII	CS	\$1 N	TORAGE METHOD	11	RAGE ME		ASTE (AN	NUA	L	21			DIS	POSA	L ME	THOD, (Check	Only On	10				DISPOSA LOCATIO		25	
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<i>- 111</i>	Organic:	11/1/		77	22	<u>ZZ</u>	177	:///////	<i>¥222</i>		<u> </u>	7224	ZZZ.	224	///	777	22.27	////	222	722		774	/////	1/2/2	772	YZZZ	<i>([[]</i>	Y////		/////////	4
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03	Solvents: chlorinated				/			-3		590		3											,				-		·		
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05	Aqueous organics (Specify in comments)																														
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07	Cyanide and metal	2	1//		~			3		55		3	~													-					
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	Organic:																_														
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10	Contaminated clay filters, mud, sand																						,								
11	Oye and paint sludges and residues																														
12	Fats and waxes																														
13	Resin, latex, monomer, plasticizer, adhesives																													· · · · ·	
14	Chlorinated organic sludges																-			-					-						\neg
15	Nonchlorinated organic studges																														
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•	
	MICHAEL L. MIJIER MANAGER
	HAZAROOUS WASTE UNIT
	DIVISION of LAND/NOISE POLIUTION CONTROL
1	1661NOIS ENVIRONMENTAL PROTECTION AGENCY
•	SPEWGFIELD, ILLINOIS ETT.
	•
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	Dan See
	Dean Sin
	PLEASE ACCEPT THESE FORMS (ADM-1067) SUBMITTED IN
	TRIPLIENTE WE RECEIVED from your office. IT IS OUR HOPE
	That the information Supplied Will BE Sufficient for
· ·	OBTAINING OUR GENERATON CODE, AUTHORIZATION NUMBER,
, -	AND MANIFESTE. WE ARE COMMITTED TO full CompINNEE
	WITH CHAPTER \$9: SPECIAL WASTE HAULING REGULATIONS
	AND ALL IEPA PEGOLATIONS
	IF YOU HAVE ANY BUESTIONS OR REQUIRE further
	INformation please feel free to Control US AT
-	ANY TIME
. *	yours Truly
. •	Flesty yours
<i>*</i>	

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	DATE 9/13/79 L PSWC AUTHORIZATION NUMBER TRANS CODE (Agency Use) TE TE TE	/	_
	WASTE HAULER	18 19 20	
167	HAULER REGISTRATION NUMBER 0 2 0 1 NAME WASTE RESEARCH AND RECLAMATION		
6 7	ADDRESS ROUTE 3 COMMUNITY EAU CLAIRE		
	COUNTY EAU CLAIRE STATE WI ZIP 54701 AREA CODE 715 TELEPHONE 834-9624		
	WASTE GENERATOR		
	GENERATOR CODE G NAME VARIAN/NATIONAL 35		•
	ADDRESS KESLINGER ROAD COMMUNITY LA FOX		
	COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300		
	GENERATOR CONTACT NAME		
	DUNS NUMBER SIC CODE	65	
2 <u>0</u>	PROCESS NAME CLEANING		
6 7	WASTE CHARACTERISTICS 50		
	GENERIC WASTE NAME SOLVENTS		
4 0	IUPAC WASTE NAME	50	
6 /	TOTAL ANNUAL WASTE VOLUME 1 7 5 0 0 VOLUME UNITS 2 WASTE PHASE	<u>3</u>	
	TRANSPORT FREQUENCY 7 WASTE CLASS 1 = CUBIC YARDS 1 = SQLID	62	
	1 = ONE TIME 5 = MONTHLY 2 = SELECTION 2 = SELECTION 3 * LIQUID		
	2 = DAILY 6 = BI-MONTHLY 4 = GAS 3 = WEEKLY 7 = QUARTERLY 4 = BI-WEEKLY 8 * SEMI-ANNUALLY		
	(Code either "I" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):	-	
5.0	TNHALATION DEDMAL INGESTIVE		
5 0 7	TOXICITY TOXICITY TOXICITY INFECTIOUS REACTIVITY EXPLOSIVE		
	FLASH POINT OF ALPHA RADIATION (pC1/L) COMPOSITION 37		
	1 = ORGANIC 2 = INORGANIC		
	PERCENT	•	
-	PERCENT TOTAL PERCENT		
6.0	ACIDITY 38 - 40 ALKALINITY 41 - 43 PH 44 - 46 SOLIDS 47 51 ASH CONTENT 52 - KEY COMPONENT NAME PERCENT KEY COMPONENT NAME	PERCENT	
6 0 7	 		
	1 22 — ACETQNE — — — — — — — — — — — — — — — — — — —	5 71 ·	74
	$\frac{5}{21}$ $\frac{6}{22}$ $\frac{6}{48}$ $\frac{6}{49}$	ō 71 `	74

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND/NOISE POLLUTION CONTROL SPECIAL WASTE DISPOSAL APPLICATION

CARD TYPE	DATE 9/13/79 L PSWC AUTHORIZATION NUMBER TRANS CODE (Agency Use) To 13	/
	WASTE HAULER	18 19 70
16	HAULER REGISTRATION NUMBER 0 2 0 1 NAME WASTE RESEARCH AND RECLAMATION	<u> </u>
6 7	ADDRESS ROUTE 3 COMMUNITY EAU CLAIRE	
	COUNTY EAU CLAIRE STATEW ISCONSINIP 54701 AREA CODE 715 TELEPHONE 834-9624	
	WASTE GENERATOR	
	GENERATOR CODE G NAME VARIAN/NATIONAL 25 35 36 36 36 36 37 38	
	ADDRESS KESLINGER ROAD COMMUNITY LA FOX	
	COUNTY KANE STATE IL ZIP 60147 AREA CODE 312 TELEPHONE 232-4300	
	GENERATOR CONTACT NAMEMARK_PETERSON	
	DUNS NUMBER SIC CODE	50
$\frac{2}{6} \frac{0}{7}$	PROCESS NAME SILICON ETCH	
	WASTE CHARACTERISTICS	
	GENERIC WASTE NAME MIXED ACIDS	80
407	TUPAC WASTE NAME	50
	TOTAL ANNUAL WASTE VOLUME 1 2 5 0 0 0 0 VOLUME UNITS 2 WASTE PHASE	<u>3</u>
	TRANSPORT FREQUENCY $\frac{7}{63}$ WASTE CLASS $\frac{1}{64}$ = CUBIC YARDS $\frac{1}{65}$ = SOLID $\frac{1}{65}$ = SEMI-SOLID $\frac{1}{65}$ = SEMI-SOLID	
	1 = ONE TIME 5 = MONTHLY 3 = LIQUID 2 = DAILY 6 = BI-MONTHLY 4 = GAS	
•	3 = WEEKLY 7 = QUARTERLY 4 = BI-WEEKLY 8 = SEMI-ANNUALLY	
	(Code either "1" for Low, "2" for Medium, or "3" for High as appropriate for columns 21 through 26):	
<u>5</u> 0	INHALATION DERMAL INGESTIVE	
6 7	TOXICITY TOXICITY TOXICITY TOXICITY INFECTIOUS REACTIVITY EXPLOSIVE 26	
(EUD	FLASH POINT 104 0 F ALPHA RADIATION 23 (pc1/L) COMPOSITION 37	
CIOK	ACETIC ACID COMPONENT) 1 = ORGANIC 2 = INORGANIC	:
	PERCENT PERCENT TOTAL PERCENT	
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6 0	KEY COMPONENT NAME PERCENT KEY COMPONENT NAME	PERCENT
	NITRIC ACID 27 48 48 48 48 HYDROFLUORIC ACID	<u>, ,, · ,</u>
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. ,	Cđ	<u>09</u> Se <u>10</u> .	
	Cr	11 Zn 12	
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8 <u>0</u>	LABO	RATORY NAME	40
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90	1 21	SITE CODE 9 5 5 0 3 5 01 SITE NAME WASTE	RESEARCH AND RECLAMATION
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		\$TATUS	ATION DATE / / / 43 44 / 45 45
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CARD TYPE	DATE		LPSWC	AUTHORIZ		•			TRANS CODE	DA (A)	re entered gency Use)	15 16 / 17 18	/
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Dear Generator:

In response to your recent letter concerning the acquisition of a generator code, authorization number, site code and manifests, as required by the Chapter #9: Special Waste Hauling Regulation, I have enclosed a form which should be completed and submitted in triplicate to this office. Please complete the following areas:

FRONT

- date
- Waste Hauler: complete section (Hauler Registration Number if known)
- Waste Generator: complete section (Duns number & SIC code if known)
 Waste Characteristics: Generic waste name, total annual volume
- (right justify entry), volume units, waste phase, transportation frequency, flash point (if known), and key components (spaces not mentioned may be left blank).

BACK

- Site Name: Name of company accepting the waste
- Disposal Method: Enter 15 reclamation

16 - incineration

17 - off site storage

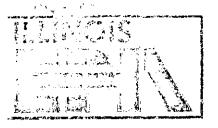
Upon receipt of this information, a supply of manifest forms proportionate to your waste steam transportation frequency will be sent to you. Thank you for your cooperation and if you require any assistance, please contact the Hazardous Waste Unit at 217/782-6760.

Sincerely,

Michael A. Miller

Michael L. Miller, Manager Hazardous Waste Unit Division of Land/Noise Pollution Control

MLM:KM:jaw/7988/14



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

June 4, 1979

Dear Potential Special Waste Generator: We although AYN 5-11-79

On March 15, 1979, the Illinois 2 the Special Waste Hauling Regulations. The Regulations require that all generators, haulers and disposers (including recyclers, treaters and storers) complete a manifest for each shipment of special waste. They also require that all transporters of special waste obtain a special waste hauling permit from the Illinois Environmental Protection Agency. These Special Waste Hauling Regulations will become effective on July 30. 1979.

Because you may be a generator of special waste, the Agency is hereby notifying you of these new regulations requiring generators of special wastes to use only permitted haulers and to complete an Agency manifest form for each shipment of special waste transported either off-site or over public highways. These regulations also apply to special wastes generated within illimate but disposed of outside of Illinois. They are not applicable to generators who store, treat or dispose of a total of 100 kilograms or less of special waste in any one calendar month. (If you are a hauler as well as a generator, you must contact the Agency for a Special Waste Hauler Permit.) These regulations have been developed so they will mesh with Federal Hazardous Waste Regulations being developed under Subtitle C of the Resource Conservation and Recovery Act (expected to become effective about January, 1980), and with existing waste control regulations which have been in effect since duly, 1973.

Therefore, effective July 30, 1979, the following special waste activities will be monitored and regulated through the manifest system: (1) generation, (2) transportation, (3) storage, (4) treatment, (5) recycling and reclamation, and (6) disposal. Existing regulations will continue in effect as will their enforcement. These regulations require that all hazandous waste be disposed, stored or treated at a facility which has a general permit to operate, whether that facility is on-site or off-site. In addition, all such waste must go to a facility which has a specific permit to accept that particular waste. (Note: relevant definitions are included on a separate sheet.)

In order to explain the required manifest and the Special Waste Hauling Regulations, the IEPA will hold a series of information sessions across the State. All special waste generators, haulers, disposers, storers, treaters and recyclers are urged to attend one of these sessions. Copies of the regulations and sample manifest forms will be available. Time will be allotted for questions. If you have questions but are unable to attend one of these sessions, you may write or call the Agency at the address and phone number below. However, because of the limited number of phone lines and staff at the Agency, you may experience busy signals and/or lengthy waiting periods. If you call, please bear with us, and we will attend to your questions as soon as possible.

The address and phone number of the Agency are listed below:

Mr. Joe Petrilli
or
Mr. John Rein
Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
Springfield, Illinois 62706
217/782-6760

The schedule for the information sessions is as follows:

Wednesday, July 11 9:00 a.m. - 12 noon Bismarck Hotel Pavilion Room 171 West Randolph Chicago

Wednesday, July 11 1:30 p.m. - 4:30 p.m. Bismarck Hotel Pavilion Room 171 West Randolph Chicago

Thursday, July 12 9:00 a.m. - 12 Noon Glen Ellyn Holiday Inn Vermont Room 1250 Roosevelt Road Glen Ellyn

Thursday, July 12
7:00 p.m. - 10:00 p.m.
Glen Ellyn Holiday Inn
Vermont Room
1250 Roosevelt Road
Glen Ellyn

Tuesday, July 24
9:00 a.m. - 12 noon
Effingham Holiday Inn
W. Fayette Road at
I-70 and 57 Junction
Effingham

Wednesday, July 25 9:00 a.m. - 12 Noon Peoria Hilton Ballroom 501 Main Peoria

Wednesday, July 25
7:00 p.m. - 10:00 p.m.
Peoria Hilton
Ballroom
501 Main
Peoria

Thursday, August 9
7:00 p.m. - 10:00 p.m.
Collinsville Holiday Inn
Junction I-55 - 70 and IL-157
Collinsville

If you believe you might be affected by these regulations, we arge you to attend one of the meetings listed above. So that we can adequately accommodate the audience in each of these locations, please complete the enclosed registration form and return it to the address listed above.

Sincerely,

John S. Moore

Manager

Division of Land/Noise Pollution Control

JSM:RF:bls/7118,sp

"HAZARDOUS WASTE" means a waste, or combination of wastes, which because of quantity, concentration, or physical, chemical, or infectious characteristics may cause or significantly contribute to an increase in mortality or an increase in serious, irreversible, or incapacitiating reversible, illness; or pose a substantial present or potential threat to human health or to the environment when improperly treated, stored, transported or disposed of, or otherwise managed, and which has been identified, by characteristics or listing, as hazardous pursuant to Section 3001 of Resource Conservation and Recovery Act of 1976, 42 U.S.C. par. 6901 et seq. or pursuant to Agency guidelines consistent with the requirements of the Act and Board regulations.

"INDUSTRIAL PROCESS WASTE" means any liquid, solid, semi-solid or gaseous waste generated as a direct or indirect result of the manufacture of a product or the performance of a service which pose a present or potential threat to human health or to the environment or with inherent properties which make the disposal of such waste in a landfill difficult to manage by normal means. "Industrial Process Waste" includes but is not limited to spent pickling liquors, cutting oils, chemical catalysts, distillation bottoms, etching acids, equipment cleanings, paint sludges, incinerator ashes, core sands, metallic dust sweepings, asbestos dust, hospital pathological wastes and off-specification, contaminated or recalled wholesale or retail products. Specifically excluded are uncontaminated packaging materials, uncontaminated machinery components, general household waste, landscape waste and construction or demolition debris.

"POLLUTION CONTROL WASTE" means any liquid, solid, semi-solid or gaseous waste generated as a direct or indirect result of the removal of contaminants from the air, water or land, and which pose a present or potential threat to human health or to the environment or with inherent properties which make the disposal of such waste in a landfill difficult to manage by normal means. "Pollution Control Waste" includes but is not limited to water and wastewater treatment plant sludges, baghouse dusts, scrubber sludges and chemical spill cleanings.

"SPECIAL WASTE" means any "hazardous waste," "industrial process waste" or "pollution control waste."

Registration Form	•	Detach	and Mail to IEPA
Name Company Name Street		Phone	
City	State		Zip
I will attend the following informat	ion session:		
Chicago/July 11 - 9:00 a.m	Peoria/Jul Peoria/Jul	y 25 - 9 y 25 - 7	

JAN 29 MM

217/782-3035

NATIONAL ELECTRONICS

National Electronics Division National Electronics Division NPDES Permit No. IL0024333 Final Permit

JAN 26 1979

National Electronics Division Varian Associates, Inc. Post Office Box 269 Geneva, Illinois 60134

Gentlemen:

Attached is the final NPDES Permit for your discharge. The Permit as issued covers discharge limitations, monitoring, and reporting requirements. The failure of you to meet any portion of the Permit could result in civil and/or criminal penalties. The Illinois Environmental Protection Agency is ready and willing to assist you in interpreting any of the conditions of the Permit as they relate specifically to your discharge.

The Permit as issued is effective as of the date indicated on the first page of the Permit. You have the right to appeal any condition of the Permit to the Illinois Pollution Control Board within 30 days of the date of this letter.

Should you have questions concerning the Permit, please contact Environmental Protection Engineer Aaron Chan at the telephone number indicated above.

Yery truly yours

Thomas G. McSwiggin, P.E. Manager, Permit Section

Division of Water Pollution Control

TGM:REB:ACC:sh/sp4100a

Enclosure: Final Permit

Coto plant

cc: USEPA/With Enclosure
Region II/With Enclosure
Permit Section
Records Unit

Page 1 of

NPDES Permit No. IL0024333

Illinois Environmental Protection Agency

Division of Water Pollution Control

2200 Churchill Road

Springfield, Illinois 62706

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

Reissued (NPDES) Permit

Issue Date: Jan. 26, 1979

Effective Date: Feb. 25, 1979

Expiration Date: June 30, 1981

National Electronics Division

Location:

Permittee:

La Fox, Kane County, Illinois

Receiving Waters: Mill Creek to Fox River

In compliance with the provisions of the Illinois Environmental Protection Act, the Chapter 3 Rules and Regulations of the Illinois Pollution Control Board, and the FWPCA, the above-named permittee is hereby authorized to discharge at the above location to the above-named receiving stream in accordance with the standard conditions and attachments herein.

Permittee is not authorized to discharge after the above expiration date. In order to receive authorization to discharge beyond the expiration date, the permittee shall submit the proper application as required by the Illinois Environmental Protection Agency (IEPA) not later than 180 days prior to the expiration date.

> Thomas G. McSwiggin, PA Manager, Permit Section

Division of Water Pollution Control

TGM:REB:ACC:sh/sp4100a

Page of NPDES Permit No. TL0024333

ATTACHMENT B1

FINAL

Effluent Limitations and Monitoring

Discharge Number:

001

Discharge Name:

Lagoon System Outfall

From effective date of permit until June 30, 1981, the effluent of the above discharge shall be monitored and limited at all times as follows:

PARAMETER	CONCENTR LIMITS 30 DAY AVERAGE		LOAD LIMITS 1bs/day (Kg/d 30 DAY DAIL AVERAGE MAXI	<u>ay)</u> Y SAMPLE	SAMPLE TYPE
Flow (MGD)				1/Week	Grab
BOD ₅	10	25	0.62(0.28) 1.5	6(0.71) 1/Month	Grab
SS	12	30 .	0.75(0.34) 1.8	7(0.85) 1/Month	Grab
Ammonia					
Nitrogen as (N)	See Attack	ment Bl Cont	inued	1/Month	Grab
Fecal					
Coliform	See Attack	ment Bl Cont	inued	1/Month	Grab
рН	See Attach	ment B1 Cont	inued	1/Month	Grab

Page of NPDES Permit No. TL0024333

ATTACHMENT B1 CONTINUED

- 1. The pH shall be in the range 6.0 to 9.0.
- 2. The daily maximum fecal coliform count shall not exceed 400 per 100 ml.
- 3. The effluent ammonia-nitrogen concentration shall be limited to a level that will comply with the provisions of Illinois Pollution Control Board Rules and Regulations, Chapter 3, Rule 402.1 during its period of effectiveness, and thereafter to a level that will not cause the receiving stream to exceed the water quality standard in Rule 203(f), Chapter 3.
- 4. Samples taken in compliance with the effluent monitoring requirements shall be taken at a location representative of the discharge but prior to mixing with the receiving stream.
- 5. The permittee shall record monitoring results on Discharge Monitoring Report Forms using one such form for each discharge each month.

Discharge Monitoring Reports shall be mailed to the IEPA at the following address:

Illinois Environmental Protection Agency Division of Water Pollution Control 2200 Churchill Road Springfield, Illinois 62706

Attention: NPDES Unit (DMR)

6. The completed Discharge Monitoring Report forms shall be retained by the permittee for a period of six months and then shall be mailed and received by the IEPA in accordance with the following schedule, unless otherwise specified by the permitting authority.

Period

Received by IEPA

May, June, July, August, September, October November 15

November, December, January, February, May 15 March, April

Page of NPDES Permit No. TL0024333

ATTACHMENT B2

FINAL

Effluent Limitations and Monitoring

Discharge Number:

002

Discharge Name:

Cooling Pond Overflow

From effective date of permit until June 30, 1981, the effluent of the above discharge shall be monitored and limited at all times as follows:

	CONCENTI LIMITS		LOAD 1bs/day	LIMITS (Kg/day)		
PARAMETER	30 DAY AVERAGE	MAXIMUM	30 DAY AVERAGE	DAILY MAXIMUM	SAMPLE FREQUENCY	SAMPLE TYPE
Flow (MGD)				•	*	Grab
Temperature	See Attack	hment B2 Cont	tinued		*	Grab

^{*1/}Week When Discharging

Page of NPDES Permit No. ILO024333

ATTACHMENT B2 CONTINUED

- 1. Samples taken in compliance with the effluent monitoring requirements shall be taken at a location representative of the effluent but prior to mixing with the receiving stream.
- 2. Discharge of wastewater from this facility must not alone or in combination with other sources cause the receiving stream to violate the following thermal limitations:
- A. Maximum temperature rise above natural temperature must not exceed 50F (2.78oC).
- B. Water temperature at representative locations in the main river shall not exceed the maximum limits in the following table during more than one (1) percent of the hours in the 12-month period ending with any month. Moreover, at no time shall the water temperature at such locations exceed the maximum limits in the following table by more than 30F (1.67oC). (Main river temperatures are temperatures of those portions of the river essentially similar to and following the same thermal regime as the temperatures of the main flow of the river.)

	<u>Jan.</u>	Feb.	<u>Mar.</u>	Apr.	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	Dec.
oF	60	60	60	90	90	90	90	90	90	90	90	60
οС	15.6	15.6	15.6	32.2	32.2	32.2	32.2	32.2	32.2	32.2	32.2	15.6

- 3. The pH shall be in the range 6.0 to 9.0.
- 4. The permittee shall record monitoring results on Discharge Monitoring Report Forms using one such form for each discharge each month.

Discharge Monitoring Reports shall be mailed to the IEPA at the following address:

Illinois Environmental Protection Agency Division of Water Pollution Control 2200 Churchill Road Springfield, Illinois 62706

Attention: NPDES Unit (DMR)

Page of NPDES Permit No. ILO024333

ATTACHMENT B2 CONTINUED

5. The completed Discharge Monitoring Report forms shall be retained by the permittee for a period of six months and then shall be mailed and received by the IEPA in accordance with the following schedule, unless otherwise specified by the permitting authority.

Period

Received by IEPA

May, June, July, August, September, October November 15

November, December, January, February, May 15 March, April

6. For the purpose of this permit, this discharge is limited to non-contact cooling and storm water runoff, free from process and other wastewater discharges. In the event that the permittee shall require the use of water treatment additives, the permittee must request a change in this permit in accordance with the Standard Conditions - Attachment H.

Page of NPDES Permit No. ILO024333

ATTACHMENT B3

FINAL

Effluent Limitations and Monitoring

Discharge Number:

003

Discharge Name:

Non-Contact Cooling Water Discharge

From effective date of permit until June 30, 1981, the effluent of the above discharge shall be monitored and limited at all times as follows:

	CONCENTI LIMITS		LOAD 1bs/day	LIMITS (Kg/day)		
PARAMETER	30 DAY AVERAGE	DAILY MAXIMUM	30 DAY AVERAGE	DAILY MAXIMUM	SAMPLE FREQUENCY	SAMPLE TYPE
Flow (MGD)				•	1/Week	Grab
Temperature	See Attac	hment B3 Con	tinued		1/Week	Grab

Page of ILO024333

ATTACHMENT B3 CONTINUED

- 1. Samples taken in compliance with the effluent monitoring requirements shall be taken at a location representative of the effluent but prior to mixing with the receiving stream.
- 2. Discharge of wastewater from this facility must not alone or in combination with other sources cause the receiving stream to violate the following thermal limitations:
- A. Maximum temperature rise above natural temperature must not exceed 50F (2.780C).
- B. Water temperature at representative locations in the main river shall not exceed the maximum limits in the following table during more than one (1) percent of the hours in the 12-month period ending with any month. Moreover, at no time shall the water temperature at such locations exceed the maximum limits in the following table by more than 30F (1.670C). (Main river temperatures are temperatures of those portions of the river essentially similar to and following the same thermal regime as the temperatures of the main flow of the river.)

	Jan.	<u>Feb.</u>	Mar.	Apr.	<u>May</u>	<u>June</u>	July	<u>Aug.</u>	Sept.	<u>Oct.</u>	Nov.	<u>Dec.</u>
oF	60	60	60	90	90	90	90	90	90	90	90	60
оС	15.6	15.6	15.6	32.2	32.2	32.2	32.2	32.2	32.2	32.2	32.2	15.6

- 3. The pH shall be in the range 6.0 to 9.0.
- 4. The permittee shall record monitoring results on Discharge Monitoring Report Forms using one such form for each discharge each month.

Discharge Monitoring Reports shall be mailed to the IEPA at the following address:

Illinois Environmental Protection Agency Division of Water Pollution Control 2200 Churchill Road Springfield, Illinois 62706

Attention: NPDES Unit (DMR)

Page of NPDES Permit No. IL0024333

ATTACHMENT B3 CONTINUED

5. The completed Discharge Monitoring Report forms shall be retained by the permittee for a period of six months and then shall be mailed and received by the IEPA in accordance with the following schedule, unless otherwise specified by the permitting authority.

Period

Received by IEPA

May, June, July, August, September, October November 15

November, December, January, February, March, April

May 15

6. For the purpose of this permit, this discharge is limited to non-contact cooling, free from process and other wastewater discharges. In the event that the permittee shall require the use of water treatment additives, the permittee must request a change in this permit in accordance with the Standard Conditions - Attachment H.

Page Attachment H

- 14. The permittee shall take all reasonable steps to minimize any adverse impact on waters of the State resulting from non-compliance with any effluent limitations specified in this permit. The permittee will also provide accelerated or additional monitoring as necessary to determine the nature and the impact of the non-complying discharge(s).
- 15. The permittee is responsible for maintaining adequate safeguards to prevent the discharge of untreated or inadequately treated wastes during electrical power failures either by means of alternate power sources, standby generators or retention of inadequately treated effluent. Should the treatment works not include the above capabilities at the time of permit issuance, the permittee must furnish within 120 days to the Agency, for approval, plans for such facilities and an implementation schedule for their installation.
- 16. The permittee shall effectively monitor the operation and efficiency of all treatment and control facilities and the quantity and quality of the treated discharge. The permittee must obtain the equipment necessary to perform the tests designated by the influent and effluent limitations indicated in Schedule B, and A if included, or be able to utilize other laboratory services to determine and report the necessary results. Samples and measurement taken as required herein shall be representative of the volume and nature of the monitored discharge. Monitoring data required for this permit shall be summarized on a calendar month basis. Individual reports for each reporting period are to be submitted on the basis indicated in Schedule B and A if included of this permit, and/or on the appropriate forms as indicated by the Agency. Original copies of the Discharge Monitoring Report form properly signed and completed must be submitted and postmarked within fifteen (15) days after the end of the reporting period to: Illinois EPA, DMPC, 2200 Churchill Road, Springfield, Illinois, 62706, Attention: NPDES Unit (DMR).
- 17. The permittee shall record for all samples the date and time of sampling, the sampling method used, the date that analyses were performed, the identity of the analyses, and the results of all required analysis and measurements. All sampling and analytical records required by this permit shall be retained for a minimum of three years. The permittee shall also retain all original records from any continuous monitoring instrumentation and any calibration and maintenance records for a minimum of three years. The periods will be extended on a day-for-day basis during the course of any unresolved litigation, or when so requested by the Agency.

If the permittee monitors any pollutant at the location(s) designated benefin more frequently than required by this permit, using approved analytical methods as specified above, the results of such monitoring shall be included in the calculation and reporting of the values required in the Discharge Monitoring Report Form. Such increased frequency shall also be indicated.

- 18. The analytical and sampling methods used shall conform to 40 CFR Part 136 which includes <u>selected</u> methods from current editions of the reference manuals listed below:
 - a. "Standard Methods for the Examination of Water and Wastewaters", APHA, Washington, D.C.
 - "A.S.T.M. Standards, Part 31, Water"; American Society for Testing and Materials, Philadelphia, Pennsylvania.
 - "Methods for Chemical Analysis of Water and Waste", EPA, Technology Transfer.

The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals to ensure accuracy of measurements.

- 19. Except for data determined to be confidential pursuant to Section 7 or 7.1 of the Act or Section 308 of the FWPCA, all monitoring reports recorded by this permit shall be available for public inspection at the offices of the Agency. Knowingly making any false statement on any such report may result in the implementation of criminal penalties as provided for in Section 309 of the FWPCA and Section 44 of the Act.
- 20. The permittee shall at all times maintain in good working order and operate as efficiently as possible any facilities or systems of control installed by the permittee to achieve compliance with the terms and conditions of the permit.
- 21. Owners of publicly owned or publicly regulated treatment works shall require that any industrial user of such treatment works comply with federal requirements concerning:
 - User charges and recovery of construction costs pursuant to Section 204(b) of the FWPCA, and applicable regulations in 40 CFR 35;

- Toxic pollutant effluent standards and pretreatment standards pursuant to Section 307 of the FMPCA;
- c. Inspection, monitoring and entry pursuant to Section 308 of the EMPCA.
- 22. Collected screenings, slurries, sludges, and other solids shall be disposed of in such a manner as to prevent entry of those wastes for runoff from the wastes) into waters of the State. The proper authorization for such disposal shall be obtained from the Agency and is incorporated as part hereof by reference.
- 23. If any interim effluent limitations and/or schedule of compliance is provided for in this permit pursuant to Rule 409 of Chapter 3, the permittee is required to take such action to bring the discharge into compliance within the shortest period of time possible. If the Agency determines that the permittee is not taking timely action to secure the appropriate grant funding, the Agency may take the following actions:
 - a. Place the permittee on restricted status.
 - b. Initiate appropriate enforcement action.
- 24. The discharge(s) authorized by this permit shall comply with, in addition to the requirements of the permit, all applicable provisions of Chapter 3 or applicable orders of the Board which are consistent with the FWPCA or regulations adopted thereunder.
- 25. The permittee shall not commence construction or modification of any treatment works, disposal well, wastewater source, or process modification until an authorization to construct has been issued pursuant to Rule 910 of Chapter 3. If an authorization to construct is issued, it is hereby incorporated as a condition of this permit.
- 26. The permittee is not authorized to discharge after the expiration date. In order to receive authorization to discharge beyond the expiration date, the permittee shall submit the proper application as required by the Agency not later than 180 days prior to the expiration date.
- 27. "This permit may be modified or revised, or, alternatively revoked and reissued, to comply with an applicable effluent limitation issued pursuant to the order of the United States District Court for the District of Columbia issued on June 8, 1976, in Natural Resources Defense Council, Inc. et. al. v. Russell E. Irain, 8 ERC 2120 (8.1.c. 1976), if the effluent limitation so issued:
 - is different in conditions or more stringent than any effluer: limitation in the permit; or
 - (2) controls any pollutant not limited in the permit."

This permit may be revised, following notice by the Agency that applicable effluent limitations covered by the Natural Resources Defense Council, Inc. et.al. v. Train, 8 E.R.C. 2120 (D.D.C. 1976) will not be promulgated, to incorporate any applicable effluent limitation determined under Section 402(a)(1) of the Federal Nater Follution Control Act. (FWPCA) Amendments of 1972 as necessary to carry out the provisions of Section 301(b)(2)(a) of the FWPCA, if the effluent limitation so determined;

- a. Is more stringent than any effluent limitation in the permit; or
- . Controls any pollutant not limited in the permit.
- 28. This permit may be revised to incorporate, if necessary, applicable provisions of an approved 208 plan pursuant to Section 208 of the FWPCA.
- 29. Applicable new or amended Pollution Control Board Rules or Regulations, Regulations promuigated pursuant to the FWPCA or Amendments to the FWPCA shall be incorporated herein and become part hereof when the Rule, Regulation or Amendment becomes effective. The Agency will notify each affected MPDES permittee of such incorporation.
- 30. The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances and the remainder of this permit shall not be affected thereby.

JG/bs/4521/1-8 (Rev. 9/19/78) EXHIBIT 1

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NATIONAL ELECTRONICS/a varian division/geneva, Illinois 60134 (312) 232-4300

September 14, 1979

Mr. Michael L. Miller, Manager Hazardous Waste Unit Division of Land/Noise Pollution Control Illinois Environmental Protection Agency Springfield, IL 62706

Dear Sir:

Please accept these forms (ADM-1067) submitted in triplicate we received from your office. It is our hope that the information supplied will be sufficient for obtaining our generator code, authorization number, and manifest. We are committed to full compliance with chapter #9: Special Waste Hauling Regulations and all IEPA regulations.

If you have any questions or require further information, please feel free to contact us at any time.

Truly yours,

Mark D. Peterson, Buyer

all D. Geterson

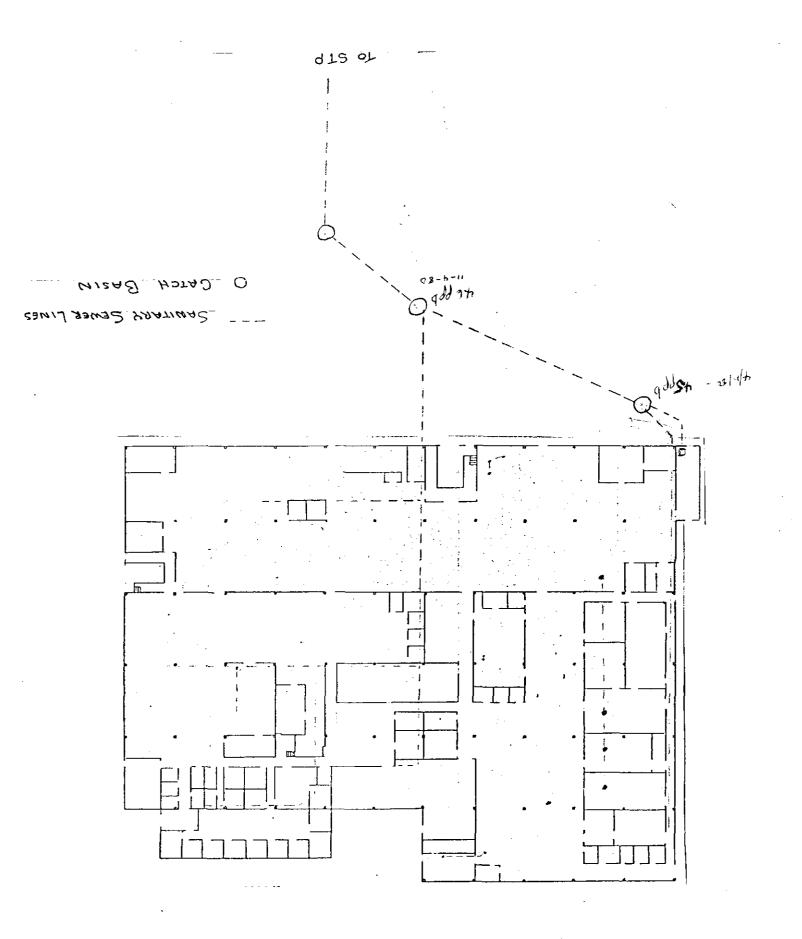
NATIONAL ELECTRONICS

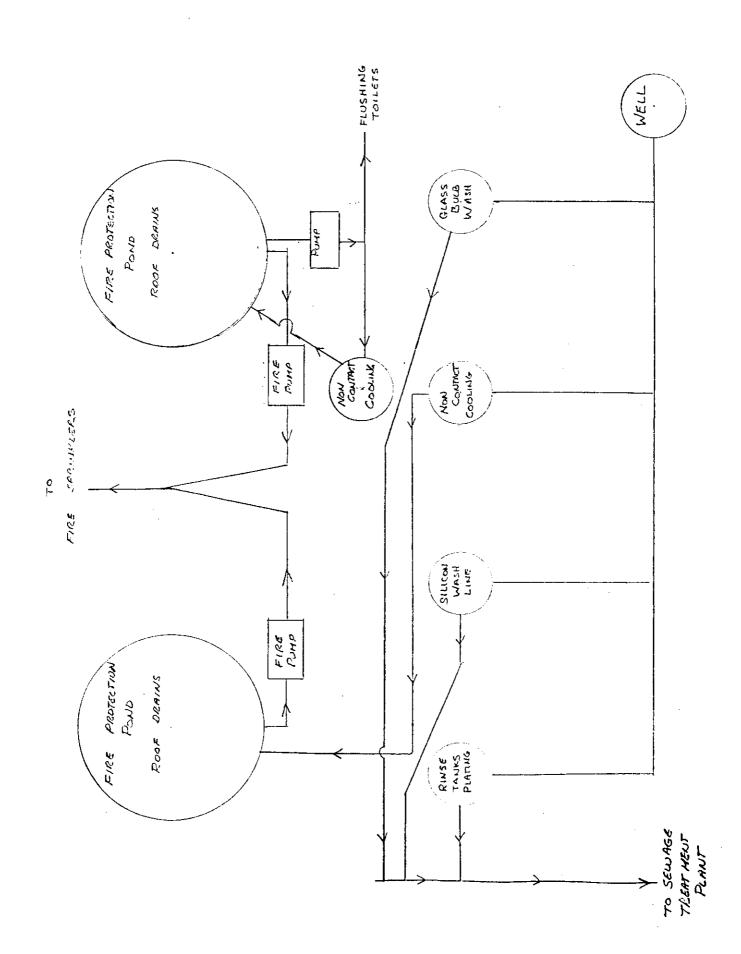
MDP:iem

R. L. Prevost

Materials Manager

Lamonte Walker Safety Officer





Ed wolovich. FRI-AM. Lamont Walker . 24/10/80 V-P Sig form 1 #11 Geological Survey Map Should be 0/5. 504 Surface Impoundment, NPDE! Storage and/or Treatment I permit 504 or TOZV. Ito do that TV (D) EPA ID No. How do we hardle emlisted hazardous wastes: Categories DO01, D002, D-003 Photos: abrial ? Surface Impound:

Sepfluent Sampling records exist.

Influent: none. Thould be conducted. Test for Pb:

Hag. Endustrial Toup Liquinot
Caustic Soda Hg.

Phosphales.

INF-Ph, Hg, Poy (TOTAL) EFF - Hg, PO4 (TOTAL)



ENVIRO-TEST, INC.

319 Ogden Avenue Downers Grove, Illinois 60515 (312) 963-4672

Attention Mr. LeNonte C. Walker			2,15011	ATORY REPORT		
Division	Attention Mr. LaMo	Date received Sept. 26, 1980				
Address P. O. Box 269	Company National	Electi	ronics		Date complete	d October 7, 198
City Geneva State Illinois Zip 60134	Division				P.O.#	
Analysis # Sample Identification Date	Address P.O. Box	269				
C3116 Wastewater Sample Discherics (NTO Found)	City Geneva			State	Zip_60134	
C3116 Wastewater Sample Discherics (NTO Found)	Analysis #	T 8	ample Identification			Date
SAMPLE					ליב מנוס	
SAMPLE C3116						
SAMPLE	Comments: LT means	less 1	han.			
Manganese				SAMPLE	<u>[03116]</u>	
Alkalinity, rotal, as CaCO3		1			.04	
Alkalinity, rotal, as CaCog				Mercury, ug/1 (ppb)		
Attention	Alkalinity, phthln, as CaCO3			Molybdenum		
Arsenic LT.02 Nitrogen, organic, as N Nitrogen, total, as PO4 Nitrogen, total, as Side, side, as Side, volatile Nitrogen, total, as Nitrogen, tota	Alkalinity, total, as CaCO3	ii		Nickel	.6	
Beryllium Beryllium Beryllium Beryllium Beryllium Bicarbonate Bicarbonat	Aluminum			Nitrogen, ammonia, as	N .	
Beryllium	Arsenic	LT.02		Nitrogen, organic, as f	4	
Nitrite. as N pH	Barium			Nitrogen, total, as N		
BOD. 5 day BOD. Ultimate Phenots Phenots Bismuth Phenots Phosphate, soluble, as PO4 Phosphate, soluble, as SO2 Silica, as SiO2 Silica, as SiO3 Solids, fixed Solids, dissolved (filterable) Solids, fixed Solids, fixed Solids, soluble Solids, suspended (non-lift,) Solids, suspended (non-lift,) Solids, suspended (non-lift,) Solids, volatile Solids, volatile Solids, suspended (non-lift,) Solids,	Beryllium			Nitrate, as N		
BOD_ ultimate Phenois Phosphate, soluble, as PO4 Phosphate, total, as SiG2 Silver Solidum Phosphate, as SiG2 Silver Solidum Phosphate, as SiG2 Silver Solidum Phosphate, as SiG2 Phosphate, as SiG2 Phosphate, as SiG2 Phosphate, as SiG2 Phosphate, as SiG3 Phosphate, as SiG4 Phosphate, as Po4 Phosphate, as Po4 Phosphate, as Po4 Phosphate, as Po4 Phospha	Bicarbonate			Nitrite, as N		
Phosphate, soluble, as PO4 Phosphate, soluble, as PO4 Phosphate, Intal, as SIC2 Solids, Intal, as SIC2 Solids, as SIC2 Solids, Intal, as SIC4 Solids, Intal,	BOD. 5 day			pH		
Phosphate, total, as PO4 6.0	BOD, ultimate			Phenois		
Bromide	Bismuth			Phosphate, soluble, as		·
Selentum Selentum Selentum Silica. as SiO2 Silver Silver Silver Silver Silver Soldum Soldum Soldum Soldum Soldum Soldis/Residue, total Soldis/Residue, total Soldis/Residue, total Soldis, dissolved (filterable) Solds, fixed Solds, fixed Solds, fixed Solds, settleable Solds, settleable Solds, settleable Solds, volatile S	Boran			Phosphate, total, as Pi	6.0	
Silica as SiO2 Silver Sodium Solidar	Bromide			Potassium		
Carbon Dioxide, free	Cadmium			Selenium		
Chloride	Calcium			Silica, as SiO2		
Chlorinated Hydrocarbons Solids/Residue, total Solids, dissolved (filterable)	Carbon Dioxide, free			Silver		
Chlorine Chromium . 0.4 Chromium . 0.5	Chloride			Sodium		
Chromium	Chlorinated Hydrocarbons					
Chromium, nexavalent Solids, settleable Solids, suspended (non-file),					ible)	
Cobait Solids, suspended (non-lift.)		.04				
COD					444	
Color, ColPt units					1-3171.]	
Strontium Strontium Strontium Sulfate, as SO ₄ Sulfate,					 -	
Typer . 10 Sulfate, as SO ₄ Syanide, free Sulfate, as S Cyanide, total LT.003 Sulfate, as SO ₂ Dissolved Oxygen Surfactants, MBAS EDTA Tin Fluoride 12.8 Turbidity Grease & Oil Vanadium Hardness, total, as CaCO3 Zinc .15 Hydrocarbons Other: Iron 1.0						
Syanide, free Sutfide, as S Cyanide, total LT.003 Sulfite, as SO2 Dissolved Oxygen Surfactants, MBAS EDTA Tin Fluoride 12.8 Turbidity Grease & Oil Vanadium Hardness, total, as CaCO3 Zinc .15 Hydrocarbons Other: Iron 1.0		10				
Cyanide, total LT. 003 Sulfite, as SO2 Dissolved Oxygen Surfactants, MBAS EDTA Tin Fluoride 12.8 Turbidity Grease & Oil Vanadium Hardness, total, as CaCO3 Zinc .15 Hydrocarbons Other: Iron 1.0	(<u> </u>	• 10	-			
Dissolved Oxygen		E.m. 00.3				
EDTA		m 1 . OO 2				
Fluoride		┝╸┈╌┉┼				
Grease & Oil Vanadium Zinc .15		12 A				
Hardness, total, as CaCO3		- <u></u>				
Hydrocarbons		}		——————————————————————————————————————	1.15	
Iron 1.0		- 			 	
Iron, Dissolved		1.0				
read (• 50 () () I I I I I	Lead	.90				
Lithium	Lithium	-				
Magnesium						

- - Methods for Chemical Analysis of Water and Wastes, EPA, 1974. "Water, Atmospheric Analysis", Part 31, ASTM Standards, 197.

Certifled by: R. J. Jakubiec, RhD, President and Laboratory Director

Date:

Date: October 7, 1930

Checked and Approved by:

interoffice



to: Ed Wolovich

from: LaMonte Walker

ext. 202

date: December 15, 1980

subject: Waste Research and Reclamation's Spent Material

Survey Form and Nuclear Engineering's Request for Disposal Form and Ignitable Liquid Agreement Form

Attached are various forms that we have received from the disposal/recycling companies that we utilize. We are required to have our waste streams analyzed and complete these forms before these disposal companies will receive our wastes.

When we have made the appropriate analyses and have completed the forms, I'll send same to you for your review and comments.

Le Mal-

LCW:le Attachment

Varian / National Division / P.O. Box 269 / Geneva / Illinois 60134 Tel. (312) 232-4300

Twx: 910-237-1685



December 23, 1980

Mr. Larry Estep Industrial Unit Manager Permit Section I.E.P.A. Division of Water Pollution Control 2200 Churchill Road Springfield, IL 62706

Dear Mr. Estep:

On December 19, 1980 I called the Illinois Environmental Protection Agency NPDES Unit Permit Section and spoke to Mr. Dale DeClue regarding a request for an extension of the submittal time of the application for renewal of our NPDES permit. Mr. DeClue advised that I write a letter to you requesting the extension.

Our present NPDES permit, Reference #IL0024333, expires on June 30, 1981. We feel that the period of time needed to obtain the required laboratory analyses and to properly complete the USEPA Form #1 - General Information and Form #2C -Waste Water Discharge Information, and then to obtain the required signatures after corporate review would put us in violation of the 180 day submittal period before 3-3-11 expiration date as required by regulations.

We are requesting a 90 day extension for the submittal of our application for the renewal of our NPDES permit so that we may maintain compliance with the IEPA Division of Water Pollution Control regulations as we have in the past.

Your consideration and assistance will be greatly appreciated. If you have any questions or require further information, please contact me.

Very truly yours,

General Manager

EFL:ts

Carl Schoder, Box C-218 bcc

L. Walker

File: Permits
Hazardous Waste
National Electronics

interoffice



to

Carl Schoder, Milt Siegel

from

Jim Ray

ext.

date

une 12, 1981پر

subject

Attached for your files is a letter from EPA - Region V re the sale of the National Electronics Division, and change of status re RCRA.

A joint notice to the EPA was prepared and sent as part of the Closing. A copy of such letter is attached. A duplicate is being sent to the address specified in page 2 of the attached letter.

Attachment

File Permits, Nazardous Waster National Electronics Div, May 12, 1981

Regional Administrator U.S.E.P.A. Region V, RCRA Activities P.O. Box 7861 Chicago, Illinois 60680

Ref: U.S.E.P.A. Identification No. ILD062405204

Dear Sirs:

We wish to provide notification per 40 CFR of a transfer of ownership and operational control of the National Electronics Division facility with the above identification number. In addition the facility has filed a Part A permit application (Forms 1 & 3) to obtain interim status as a storage facility.

Current Permit Applicant

National Electronics Division Varian Associates, Inc. Post Office Box 269 Geneva, Illinois, 60134

New Permit Applicant

National Electronics, Inc. Post Office Box 269
Geneva, Illinois 60134

It is expected that the proposed transfer will be completed on or before June 1, 1981 and at that time permit responsibility, coverage and liability will be transferred from the current permit applicant to the new permit applicant. Notification will be provided of the specific date of transfer as soon as this information is available.

It is our understanding that the giving of this notice prior to the transfer will be sufficient to meet the requirements of your department.

Sincerely yours,

National Electronics, Inc.

Varian Associates, Inc.

Edward Richardson President John M. Heldack Vice President Corporate Development & Regulatory Affairs - File Permit!

Hozardous Waste

National Electronus Dil

May 29, 1981

Regional Administrator
United States Environmental
Protection Agency
Region V
RCRA Activities
111 West Jackson Street
Chicago, Illinois 60604

Attention Ms. Judy Kertcher, Waste Management Branch

Re: U.S.E.P.A. Identification No. ILD062405204

Dear Ms. Kertcher:

This letter is in furtherance of our earlier correspondence including the submission of a permit application by the new permit applicant regarding the transfer of ownership and operational control of the business of the National Electronics Division of Varian Associates, Inc., to National Electronics, Inc., a wholly-owned subsidiary of Richardson Electronics, Ltd.

This is intended to constitute notification that the date of this transfer of ownership and control took place on May 29, 1981. Permit responsibility, coverage and liability has now been transferred to the new permit applicant.

Very truly yours,

VARIAN ASSOCIATES, INC.

NATIONAL ELECTRONICS, INC.

By: William J. Juis

File Permits Water Pollution Named Electronics DN.

May 29, 1981

Illinois Environmental Protection Agency 2200 Churchill Road Springfield, Illinois 62706

Attention Mr. Lawrence K. Eastep, P. E. Manager, Industrial Unit, Permit Section, Division of Water Pollution Control

> NPDES Permit No. IL0024333 Re:

Dear Mr. Eastep:

This letter is in furtherance of our earlier correspondence regarding the transfer of ownership and operational control of the business of the National Electronics Division of Varian Associates, Inc., to National Electronics, Inc., a wholly-owned subsidiary of Richardson Electronics, Ltd.

This is intended to constitute notification that the charge made date of this transfer of ownership of ownership and control took place on May 29, 1981.

Very truly yours,

VARIAN ASSOCIATES, INC.

NATIONAL ELECTRONICS, INC.

By: Willing 2